THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNCE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
U	1	

1 - STATE BEGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR				CLHIII	ICALL	- 01	DLA	111		HEG. NO.								
	1. DECEDENT'S NAME (First, M. Sava C. Tva	PL								2. DATE OF MONTH	DA DA		gran :	6. 25 AM					
	4. SOCIAL SECURITY NUMBER 220-30-3995		SEX		s. lest birthday) 92 yrs.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF	BIRTH [2 100] 9	04							
4	9a. FACILITY NAME (If not inetite CHURCH HOM		end number)			9b. CITY		LTIM		CITY		Sc. COU							
(	RESIDENCE OF DECE	DENT											Black, White, etc. Specify BLACK INDUSTRY  I Vate home  I						
Dine	MD 10a. STATE	Ob. COUNTY	/a		10c. Cl	TY, TOWN (		LTIM	ORE					Y VLIMITS?					
TAU	100. STREET AND NUMBER 501 E. PF	RESTON	STREET				10	1. ZIP COD	1202										
NO. 10	11. MARITAL STATUS 1 Never Merried 2 Me	erried	FORCES? 1	YES 2	NO		If yes, sp		en, Mexica	NIC ORIGIN? ( in, Puerlo Ric y:		or No—	Black,	White, etc.					
5	15 DECED	ENT'S EDUCAT	ION	16	a. DECEDENT'S	S HSHAL O	CCLIPATE	ON	_	16b K	IND OF BUS	SINESS/INC	HISTRY						
		ighest grade con			(Give kind of life. Do NOT	work done	during mo	ost of worki	ing	, and the	in			home					
					DOME	.5110		_				1		1101110					
2	JAMES	BOND		- 1	137				RACH	IEL .	JOHNS								
2	194. INFORMANT'S NAME (Type SHEILA V		15		196. MAILIN			D HI		AVE.,				21217					
	20a. METHOD OF DISPOSITION XX Burial 2 Cremation 4 Donation 6 Other (S	3 Remove	I from State	cemeter	ACE AND DATE ry, crematory or NG MF					3-29									
	21. SIGNATURE OF FUNERAL	SERVICE LICEN	SEE ALA	1	0	22.	NAME A	NO ADDRI											
	23. PART I. Enter the disc ahock, or hea		applications the					-											
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	A.,			Car		000							Queeks					
N	Sequentially list condition	na	Lef	+ Lu	ONSEQUENCE	TASS													
SA	if sny, leading to immedicause. Enter UNDERLYIN CAUSE (Disesse or injury	ata G	Cerce	brov	ascul	ar ;	4 cc	ider	せ										
L	that initiated eventa resulting in death) LAST	d	DUE TO	OR AS A CO	NSEQUENCE	OF):													
2	PART ii. Other significant	t conditions o	enntributing to	doeth but	not regulting	in the u	ndodule		aluen la	Bart I I	4s. WAS AN	ALIMOREV	246	WEDE ALTRADOV EINDIAGO					
EDICAL						,			given in		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
2	DID TOBACCO US	E CONTRIL	DUTE TO C	IISE OF	DE ATU V	ES []	NO F	7 HM	CEDTAI	NIA				1 YES 2 WNO					
A P	25, WAS CASE REFERRISO TO		JOIE TO CA		PLACE OF DE				CERTAI	14 (2)									
SICIAN	EXAMINER?	1	IDEPITAL:			OTHE	R:												
2	1 TYES 2 NO	1 1	E Inpetient 2		-				Residence	6 Other (									
מו או	1 Netural 6 P	ending vestigation	26a, DATE Of (Month, I	Pay, Year)		IME OF NJURY M	W	JURY AT ORK? YES 2	□ NO	26d. DESC	RIBE HOW I	INJURY OC	CURED						
E		ould not be stermined	OF INJURY — , atc. (Specify)	At home, ferm	, street, tec	ctory, offi	ca			TON (Street Town, State)		r or Rural Ro	oute Number,						
COMPLE	cond orny	FYINO PHYSICIA AL EXAMINER:											and manner as stated.						
OBEC	Leone C.	1.	les III	1.11	) <sub>1</sub>			1	413	15		M		(Month, Day, Year) 25, 1996					
=	30. NAME AND ADDRESS OF I	E. WI	COMPLETED CALL	SE OF DEATH	(ITEM 27) (Ty	Print)	No	wth	Bn	oadu	JAY	21	231						
	MAR 29 1996	oar)	32. REDISTR	AR'S SIEMATI	delle														

1000

Mark Surgeries

SERI DE RAM

1. Decedent's Name (First, Middle, Last)

Items 7, 10e 3-29-96 Film G733 W.H.Per F/H

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Items23PartI,27 4-4-96 FilmG734

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death

2. Dete of Deeth

Month

3. Tima of Death

MD

MARCH 21,1996

10d. Insida City Limits

Xas 2□ No

3:44P.M

Physician /Medical
Examiner

W.H.Per OCME

pue physician is the burial that the death certificate be 88 980 0 2 signed t should page 2 certificate Division of Vital You've Hospital or Attending Physician: within 24 flours after death.

To the Fundral Director: After this certifica completaly filled in by the funeral director; I

JOSEPH 1996 TURNER MARCH 20MATHEW 4a. Facility Nema (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE 7. Aga (In yrs. last birthdey) | If Undar 1 Yeer | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | (Month, Day, Year) 5. Social Security Number Birthplece (State or Foreign Country) Funeral 1⊠M 2□F Days Yrs. Director NONE 27 NOV 21, 1995 Usual Rasidance of Decedant the Maryland 10e. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 23a-f shov treumstic event, tre Medical Examiner must be putified at MD Director N/A BALTO 10f. Zip Coda 10g, Citizan of What Country? 6314 Windsor Mill Road 104 WESTERN WINDS RD 21207 death Funeral USA 14. Rece - Amaricen Indian, Biack, White, etc. 12. Wes Decedant Ever In U,S. Armed Forces? 11. Marital Stetus 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, etc.) 72 hours after 1 Nevar Married 2 Married 1 ☐ Yas 2 XNo If Yas, Giva Yeer or Detas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🗓 No Specify: Specify: à 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Eiamentary/Secondary (0-12) Collaga (1-4or 5+) UNEMPLOYED

18. Mother's Neme (First, Middle, Maiden Sumeme) N/X N/A N/A 17. Father's Name (First, Middle, Last) Be TRELTON MCCORMICK Lo SHELBY TURNER

19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19e. Informant's Name/Reletionship (Type, Print) CECELIA BOWMAN/SOCIAL WORKER 3007 BIDDLE ST BALTO, MD 21213 20b. Place of Disposition (Nama of cematery, cramatory or other place) 20e. Method of Disposition 1X Burlai 2 ☐ Cramation 3 ☐ Removal from Stata MAR 4 ☐ Donation 5 ☐ Othar (Specify) MT ZION CEM 1996 BALTO 21. Signature of Funeral Service Licenses BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213 accure 23a. Part1. Entar the diseasa, or complications that ceused the death. Do not antar the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Physician /Medical Immediata Causa (Final Sudden Infant Death Syndrome diseesa or condition rasuiting in daath) Examiner Dua to (or as a consequence of): Sequantially list conditions, if any, leading to immadiate ceuse. Enter Undarlying Cause (Diseasa or Injury that Initieted evants rasulting in deeth) Lasi Dua to (or as a consequence of) Box 68760, Physician/Medical Due to (or es e consequance of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, þ 24a. Was an autopsy performed? Completed

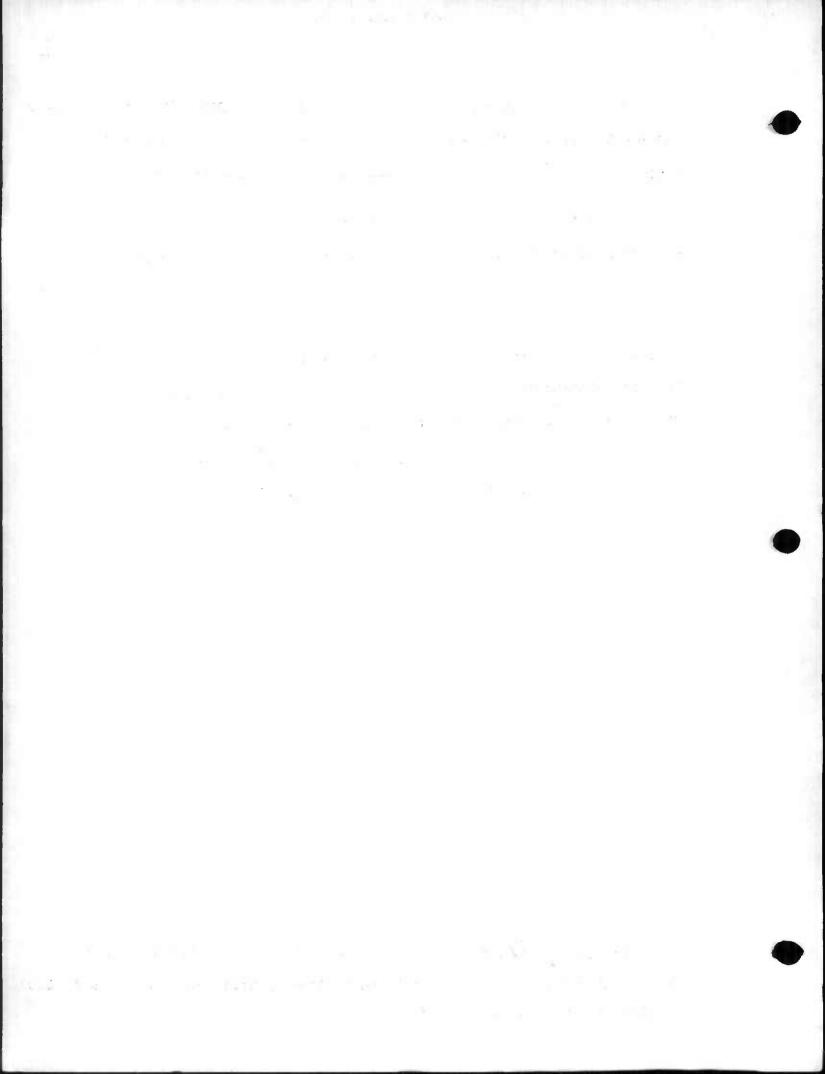
Approximate Intarval Batween Onset and Death 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown 24b. Were autopsy findings available prior to completion of cause of death? 1 Yas 2□No 1 ☐ Yes 2 ☐ No 25. Wes cesa rafarrad to medicel Be 28. Placa of Death (Check only ona) Hospitai: TV Yas 2□ No Othar: 4 Nursing Home 5 Rasidance 6 Other (Specify) Certification: To 1 ☐ inpatiant 2 【 ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28e. Data of Injury (Month, Day Year) 28h Time of 28c. Injury et Work? 28d. Dascribe how Injury occurred 1 Natural 2 Accident 5 Pending Investigation 1 ☐ Yas 2 ☐ No 8 Could not be detarmined 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 28a. Plece of Injury - At home, farm, straat, factory, office building, etc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated.

Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian Medicai (Check only one) 29b. Signatura and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) bute un O.C.M.E.

State Registrar 30. Nama and addrass of person who comp Dennis J. Churk 31. Date filed (Month, Day, Year) MAR 2 9 1996

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signatura in a avelor Revolute

completed causa of death (Itam 23a) (Type, Print)



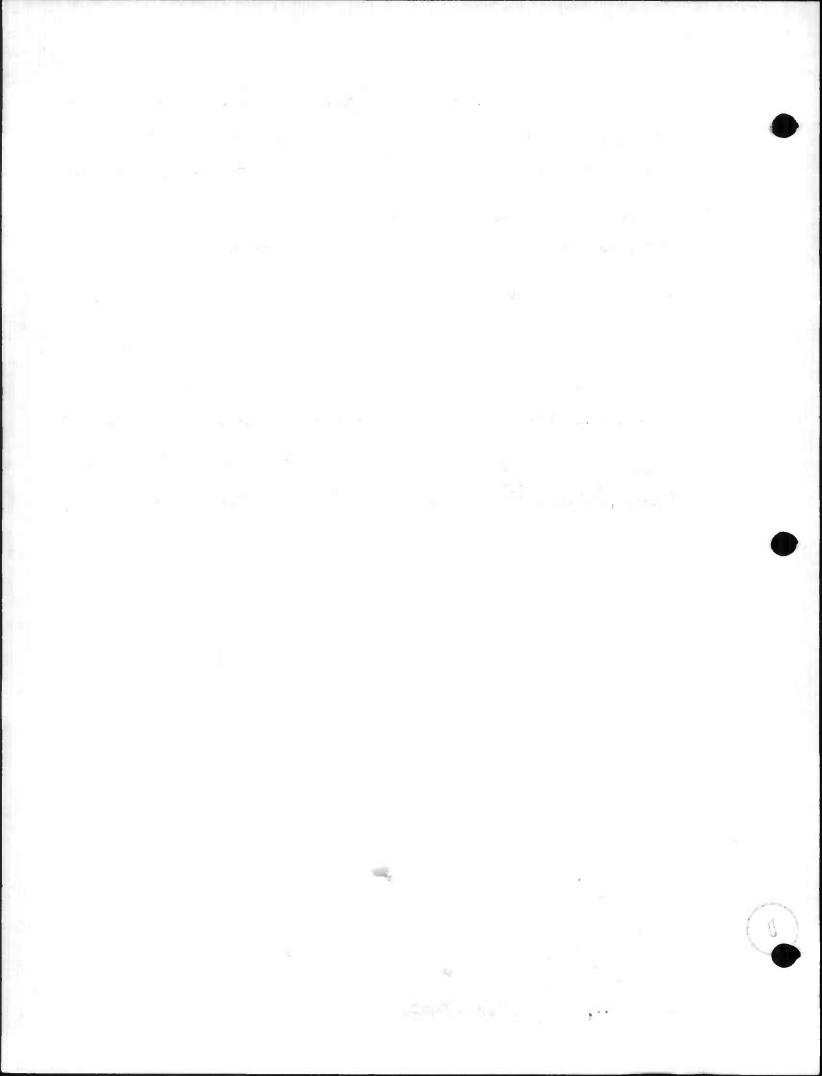
# Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 0903

				,	Cen	tificate of	Death	Re	eg. No.	0,000
П	Discount of the	2	1. Decedent's Neme (First, Middle, Last)					2. Dete of Deet Month		3. Time of Deeth
	Physici /Medi		BERNADETTE	THERESE	A UK	11		MARCH	29 199	4:03 An.
À	Examir		4e. Facility Neme (If not institution, give				4b. City, Town, or I	Location of Deeth	4c. County of	
1			STELLA MARIC	Haspies			Towson		BALL	MORE
	Funeral		5. Sociel Security Number 6. Sec		last birthday)	If Under 1 Yeer Months Devs	if Under 24 Hrs.		100	Birthplece (State or Foreign Country)
L	Director		Usual Residence of Decedent	M 201 62	Yrs.	Months Deys	Hours Min.	OCT. 14	1933	7ARVLANO
	fand		10a. Stete 10b. County	10c. Cir	ty, Town or Loc	ation				10d. Inside City Limits
	May Tal	ō	Magylon Ballin	200	JACKY.	110				1 ☐ Yes 2. No
	the	Director	10e. Street end Number	UNA	THICK	10f. Zlp Code		1:	Dg. Citizen of W	hat Country?
	With With	ā	2224 CPCAI S	a la A		212	211		1)	2 0
	ne 2;	Funeral	11. Maritel Stetus	12. Wes Decedent Ever in U	l.S. 13. W	as Decedent of H	니다.	necify Yes or No-	14. Rece	- American Indian,
	like o	Fu	1 Never Merried 2 Merried	Armed Forces? 1 ☐ Yes 2 ☒ No	if	Yes, specify Cub	lispanic Origin? (S an, Mexican, Puert	o Rican, etc.)		k, White, etc.
20	72 hours after death with the Maryland "naturel", or items 23a or 28a-1 show disel Exeminer must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:	1	Yes 2 No	Specify:		Specify:	1,741
ŏ	n 72 hours naturel',	8	15. Decedent's Educ		16a. Decede	ent's Usuel Occur	pation		16b, Kind of Bus	siness/Industry
715		Completed	(Specify only highest grade		(Give k	ind of work done O NOT use retire	pation during most of wor d)	rking		
2	d within giene. r than t	E	Elementery/Secondary (0-12)	Coilege (1-4or 5+)	4	AT Hon	S	1	touse wi	FF
D	e filed at Hygic other vent, if	BeC	17. Fether's Neme (First, Middle, Last)	^				me (First, Middle, M		
Maryland 21215-0020	0 2 71 0	To B	William MEFE	ORO () SWI	MAN		MAGS	1 1 5	VANC	
ary	2 should I and Meni is marked	-	19e. Informent's Neme/Reletionship (Ty			Address (Street	end Number or Ru	iral Route Number	City or Town, S	Stete, Zip Code) 21234
	and 2		HOWARD W. W.H.		22-1	(D. 1)	151107	- PARI		MARNAM
ē,	of Health Item 27 other tr		20e. Method of Disposition	20b. F	Piece of Dispos	tion (Name of	200111			City or Town, Stete
Baltimore,	8 = 5		Buriei 2 Cremetion 3 R	emover from Stete		etory or other ple	(00)	HORIL	15	a had
	교원은 등		4 Donetion 5 Other (Specify)  21 Signature of Funeral Service Livegue		LACEY	Name and Addre	DE PORIAL	777	11000	100 1 BRATAN
Ba	Depa Impo eny I		110015	/		Neme end Addre		= UEWA	SKILS	
_			House 400	26		300 He		15040		Kville
			23a. Pert1. Enter the disease, or compile shock, or heart feilure. List only on	e cause on each line.	th. Do not ente	r the mode of dyir	ng, such es cardied	or respiretory arre	est,	Approximete Intervel Between
	Physician /Medical		Immediate Cause (Finel	"	0					Onset and Deeth
	Examiner		disease or condition resulting in deeth)	ADON30A	RUNC	MAC	FLIVE	R		7 Mas.
		7		Due to (d	or es e consequ					
	pet usit	Examiner	_ b	J.						
	death certificate be executed attending physician and of for use as the burial-transit	Xar	Sequentially ilst conditions, if any, leading to Immediate cause. Enter Underlying	Due to (d	or es e consequ	ence of):				
68760,	bee	les:	cause. Enter Underlying Ceuse (Diseese or Injury that initiated events	,						
587	phy:	Medical	resulting in deeth) Last	Due to (o	r es e consequ	ence of):				
		N.	d							
Вох	that the death ce ed by the attendi detached for use	Physician/								
P.0.		ys	Pert II. Other significant conditions con	iributing to death but not res	ulting in the und	derlying cause giv	ven in Pert I.	23b. Dld to	bacco use con	tribute to the cause of death?
	ed by							1 □ Y	18 28 No	3 Probably 4 Unknown
ds	requires that the seen signed by the should be detach	d by						24e. Was e		24b. Were autopsy findings
Ö	v requin	Completed						perform	ned?	evelleble prior to completion of cause
Š	8 S C	du								of deeth?
<u>e</u>	E ag							1□ Ye	s 2MNo	1 Yes 2 No
<u> </u>	ysician: The I is certificate he director, page	Be	25. Wes case referred to medical examiner?	ocnital:		100		oth (Check only on	в)	
Division of Vital Records,	Physician: rthis certific rrai director,	10	1 1 1 1 1 1 5 2 EL 140		ER/Outpatient		4 La Nurskig H			r (Specify) HOSPICS
2	Ing F	0	27. Menner of Deeth 1. ■ Neturel 5 Pending	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injur Wor		28d. Describe ho	w injury occurre	ed
2	or Attending i after death. Director: After I in by the funer	Certification:	2 Accident investigation 3 Suicide 6 Could not be				Yes 2 □ No			
፷	after c Direct J in by	틭	4 ☐ Homicide determined	28e. Piece of Injury - At he building, etc. (Specify	ome, ferm, stree y)	et, fectory, office		281. Location (St. City or Town	reet end Numbe , Stete)	er or Rural Route Number,
_	pospital pours a nueral Diriy filled		00- 0-dili-		7.					
	the Hospital or Attending Phin 24 hours after death. The Funeral Director: After thin the funeral filled in by the funeral	edical	29a. Certifier (Check only one)  1 Certifying Phys 2 Medicat Examin	Iclan: To the best of my kno er: On the basis of examine	wledge, deeth of tion end/or inve	occurred et the tire estigation, in my o	me, dete end place pinion, deeth occu	, and due to the ca rred et the time, de	use(s) and man ete end place, a	nner as stated. nd due to the cause(s)
	4449	Med	29b. Signature end title of certifier	end menner steted.		29c. Licens				
	F 8		233. Signalars and title of certifier	11/20		250. LICENS		2	C Data signed	(Month, Day, Year)
	10	1	Denolose	Vous Bre		N 21	5643	(	158CH	129 1976
			30. Name and address of person who con							abou
			31 Date filed (Month Day Month	OLK NEC	23.00	NOTAL	MAVAL	SY KOA	) 10m	SON I JARTLAND
	Sta Bogistr	_	31. Dete filed MAR 2. 9 1996	File Day 32	- Jandell	6				

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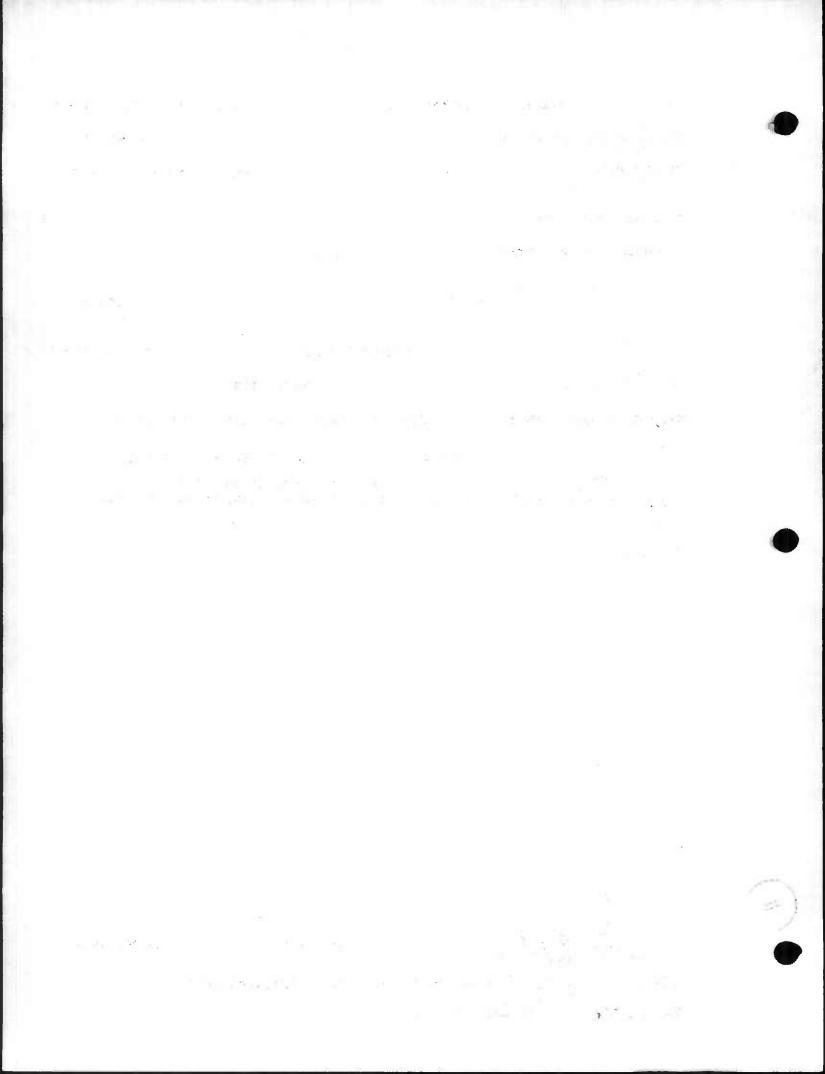
State of Maryland / Department of Health and Mental Hygiene Q 5

72 77 77		1. Decedent's Nema (First, Middle, Last)	Reg. No	).	3. Time f th
Physic		Merle Elsworth Wiles	March 24,	1996 Year	3:25
/Medi Exami		4a. Facility Nama (If not institution, give street and number)  3973 Weavers Court  4b. City, Town, or Ellicott		County of Deeth	
Funeral Director		5. Sociel Security Number 220-12-1634 6. Sex 70 Yrs. last birthday) 1 Under 1 Yeer 1 Under 24 Hrs Months Days Hours Min		9. Birth	place (Stata or Foraig
pug *		Usual Rasidance of Decedant  10a. Stata 10b. County 10c. City, Town or Location			10d. Inside City Limit
Manyla	ctor	Maryland Howard County Ellicott City		_	1 □ Yes 🛠 🖟 N
th with the 23e or 28	ai Director	10e. Street and Number 3973 Weavers Court	10g. Ci	tizan of What Cou USA	intry?
filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or heme 23s or 28s-f show ont, the Medical Examiner must be norified at	by Funeral	11. Marital Status    12. Was Decedent Ever in U,S. Armed Forces?   13. Was Decedant of Hispanic Origin? (s if Yes, specify Cuban, Mexican, Puer the Company of the Company	Specify Yas or No- to Rican, etc.)	14. Race - Amer Bieck, White Specify: Whi	, etc.
72 ho	eted	15. Decedant's Education (Specify only highest grade complated)  16a. Decedant's Usual Occupation (Give kind of work dona during most of wo	rking 16b. K	ind of Businass/i	ndustry
within then then	Completed	Elementary/Secondary (0-12) Collega (1-4or 5+)  Unknown Carpenter		moral co	ntractin
be filed vital Hygie d other the			ma (First, Middla, Maidar		ontracting
Aentai Aentai Aed c	To Be	Wilbur N. Wiles Esth	ner L. Green		
1 and 2 should be filed within Haaith and Mental Hyglene. em 27 is marked other than "other traumatic event, the Men		19a. Informant's Name/Ralationship (Type, Print) Ms. Marv Helen Butler  19b. Meiling Address (Street and Number or R 3975 Weavers Court, E			
400		20a. Method of Disposition    Disposition   2		ocation - City or T	own, Stete City, MD
permit. Pag Department Important: I any Injury o		21. Signature of Funeral Service Licensee  22. Name and Addrass of Facility  Slack Funeral Ellicott City	Home, P.A.	21043	
		23a, Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardia shock, or heart failure. List only one ceuse on each line.	c or raspiretory arrest.	21045	Approximate Interval Batween
Physician /Medical	Н				Onset and Death
Examiner		Immediata Causa (Finel disease or condition rasuiting in daath)  Metastatic Colon Conce	✓	1	1 year
العتما	ē	Dua to (or as a consequence of):			U
icata be axecuted physician and s the burial-transit	Examiner	Sequantially list conditions,  Due to (or as a consequence of):			
be ax	画	Sequantially list conditions, if ery, leading to immediate cause. Entar Underlying Cause (Disease or injury thet infilled awants  Due to (or as a consequence of):			
E 0 6	/Medical	Dua to (or as a consaquance of):			
d for usa	Iclar	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.	23h Did tohago	use contribute	to the cause of dea
that the de led by the a detached f	/ Physician/M	Color agrimment colorious continuous to death but not resulting in the underlying couse given in Part I.			obably 4 Unkn
aw requiras is been sign 2 should be	Completed by		24e. Wes an auto performed?	9	Vare autopsy linding vallable prior to ompletion of cause f death?
The ata h	Com		1□ Yas 2	ENO 1	☐ Yes 2 Mo
s certificata director, pag	Be	axaminar/	ath (Check only ona)		
this all di	Ion: To	27. Manner of Death 1 Denation 2 Lenvourpation 3 DOA 4 Nursing I 28. Data of Injury 28b. Tima of Injury 4 Work? N A	Homa 5 Rasidance 28d. Dascribe how inju	- ' '	ify)
or Attended Director: in by the	Certification:	2 Accidant Suicide Suicide All Homicida Suicide Suicide All Homicida Suicide S	28l. Location (Street a City or Town, State	nd Number or Rus	ral Route Number,
n 24 hours Ne Funeral I plataly filled	edicai C	29a. Cartifiar (Check only one)  Cartifying Physician: To the best of my knowledge, deeth occurred at the time, data and place 2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred and manner stated.	e, and dua to tha causa(s urred at the time, data en	) and mannar as d piece, and dua	stated. to tha cause(s)
To the comp	M	29b. Signeture end titia ol cartifier 29c. Licansa number	29d. Da	ta signed (Month	, Day, Year)
,		1 (22 lhigh M) D41139	3/	25/9	C
		30. Nama and address of person with complated course of death (Item 23e) (Type, Prior)	lumbi o	wi) .	21044
01	ite	MAR 2 9 1996  Superior Mark 2 9 1996			



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			State of Ma	ryland /	Departme Certifica				giene (	96 0	9005
Physic	ian	Decedent's Name (First, Middle, L.  John L.		75 I kom	C			2. Date of De Month	Dey	Year	Tims of Death
/Med		4e. Facility Neme (If not Institution, gi		alker,	Sr.		4b. City, Town, or I	March Location of Death			2:45 AM
Exami	iner	835 North Marlyn					Essex			timore	Co.
Funera Director		217-22-2901	Sex 7. Age	(In yrs. last b	Yrs. If Und Month	der 1 Yeer s Deys	if Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, Ds March 2	y, Year)	9. Birthplace Country) Maryla	(State or Foreign
hand ow		Usuel Residence of Decedent  10a. State 10b. County		10c. City, Tov	wn or Location					10d. f	nside City Limits
Men,	io	Maryland Baltimo	re	Essex						1	☐ Yes 2 No
ter death with the Meryland Herrs 23a or 28a-f show Inst. Trust be notified at	Director	10e. Street and Number			10f, 2	Zip Code			10g. Citizen of	What Country?	
eath v		835 North Marlyn	12. Wes Decedent E	var in II C	12 Was Da	2122		nacify Van au Ma	U.S.A	A. ce - American Ir	dian
of the contract of the contrac	by Funeral	1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces?  1 Types 2 No. 11 Yes, Give Yeer or Dete	0	If Yes, s	2 No	lispanic Origin? (S an, Mexican, Puert Specify:	o Rican, etc.)		ck, White, etc.	
72 hours natural,	Completed	15. Decedent's E (Specify only highest gr		164	a. Decedent's U:	work done	during most of wor	rking	18b. Kind of B	usiness/Industr	у
VIZI Jene. r then "	lg m	Elementery/Secondery (0-12)	College (1-4or 5+		Machine	use retired	a)		Ctool	Manufa	
	Be Co	17. Fether's Neme (First, Middle, Las	<i>y</i>		масише	Oper	18. Mother's Ner	ne (First, Middle,			cturing
aryian should be ind Mental i marked o umatic eve	To B	Edwin A. Walker					Anita A	mos			
T the		19e. Informent's Neme/Reletionship Mary F. Walker	(Type, Print) ( Wife )				end Number or Ru lyn Ave.				le)
		20e. Method of Disposition 1X Burlel 2 ☐ Cremation 3 [	☐Removel from State	cemete	of Disposition (form), cremetory of	r other plea		Dste		- City or Town,	
Dali(III) permit. Peges Department of Important: If I any Injury or once.		4 Donetton 5 Other (Special Solution Lice	**	Holly	Hill Men		-	30/1996		nore Co	
permit. Popurum Importar any Injur		21. Signature of Purising	Q '	^			ss of Facility <b>Funera</b>				
		234 Puril, Enter the disease, or con	nplications that caused t	the deeth. Do			Eastern .			Apr	roximete rvel Between
certificate be executed xs rding physician and was es the buriel-transit use	Medical Examiner	disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Csuse (Disease or Injury that initiated events resulting in deeth) Lest	ь. Mul	Que lo (or es a	consequence o	الم	~_			7	20 yr
net the deeth d by the atte	by Physician/M	Part II. Other significant conditions	dcontributing to death but	not resulting	in the underlying	g cause giv	en in Pert I.		tobacco use co Yes 2□ No	entribute to the	cause of death
2 s 9 v C	Completed								en eutopsy rmed?	aveilab	utopsy findings le prior to tion of cause n?
- F 6 6		OF Ween and ordered						10		1 □ Ye	s 2 No
Physician: this certific	o Be	25. Wes case referred to medical examiner?  1 ☐ Yes 2X No	Hospitel: 1 ☐ Inpatien	2 ER/O	utpatient 3	Oth Oth	er: 4 🗆 Number H	ome 5 Resident		nor (Constitution	
er this	n: T	27. Menner of Death	28e. Dete of Injury (Month, Dey	28b.	Time of	28c. Injun Work			how injury occur		
Attending Physics of the funeral disconsisted in the funer	atlo	1 Nsturel 5 Pending 2 Accident Investigetic	n	rear)	fnjury M		Yes 2□No				
To the Hospital or Attending within 24 hodge unterdestin. To the Funeral Director: After completely filled in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be determined.		y - At home, f (Specify)	erm, street, fect	ory, office		28f. Location ( City or To	Street end Numl vn, Stete)	ber or Rural Ro	ute Number,
Fune Btely fi	edical	29a. Certifier (Check only one) 1 Certifying Pt 2 Medical Example 1 Medical Example	nysicisn: To the best of niner: On the basis of e end manner stete	examinetion sr	e, deeth occurre nd/or investigeti	ed et the tin	ne, dete end plece plnion, deeth occu	, end due to the rred at the time,	cause(s) end mo date snd plece,	enner ss ststed end due to the	cause(s)
within 3	Me	29b. Signeture and title of certifle	one mainer steri	ь.	2	9c. License	e number		29d. Dete signe	d (Month, Dey,	Year)
, , , ,		1 4-11	PANI			D	41680		March	29, 199	96
Sta Regist		30. Name and address of person who ADOLIH M. W. 31. Dete filed (Month, Day, Yeal) MAR 2 9 1996	10 11112.	4 Easte		Esse	ex, Mary	land 212	21		
		12	tl								



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

96 09006

					Certificate (	of Death	Re	eg. No.		
			1. Decedent's Nama (First, Middla, Last)				2. Data of Deat	-	3.	Time of Death
	Physic		JEROME	Ť	WEATHERS	JR.	Month	Day	Year	. E 2 AM
	/Medi						MARCH	1		:52 AM
À.	Examir	ner	4a. Facility Nama (If not institution, giva street and				Location of Death	4c. County	of Death	
			UNION MEMORIAL HOS			BALTIMO		14/	71	
	Funeral	103	5. Social Sacurity Number 6. Sax	7. Aga (In yrs. las	Months De	aar If Under 24 Hr sys Hours Min		Yang	9. Birthplace Country)	(State or Foreign
в	Director	7.0	49-40-1017	51	Yrs.		MAY 19	1947	MARY	AND
	pu ,		Usual Rasidence of Decedant	10.00	-		/ "		1	
	ahow a	_	10a. Stata 10b. County	10c. City,	Town or Location				100000	nside City Limits
	W T	9	INTO, VIA	1	PALTIMORE	_			1	Tes 2 No
	+ 22 H	Director	10e. Street and Number		10f. Zip Coo	da	10	Dg. Citizen of V	Vhat Country?	
	3a c	0	2124 Nous TRO	real AL	15. 21.	217		11,5	A	
	death with the Maryland ms 23s or 28s-f show mast be notified at	Funeral	11. Marital Status 12. Was D	cedant Evar in U.S.	13. Was Decedant	of Hispanic Origin? (	Specify Yas or No-	14. Rao	e - American In	idian.
	in it	F		Forcas?	If Yas, specify (	Cuban, Maxican, Pua	rto Rican, atc.)	Blac	ik, White, etc.	
N N	S	by	If Vas	Giva Datas: VISTAN	1 □ Yas 2 ⊡	No Specify:		Specify	BIN	V
21215-0020	72 hours after netural', or its	8	15. Decedant's Education	V124171	16a. Decedent's Usual O	councilon		16h Kind of Bu	siness/Industr	
15	n 72	Completed	(Specify only highast grada complete	d)	(Giva kind of work de	one during most of wo attred)	orking	Tou. King of bit	TOWNS OF THE PARTY	
5	filed within Hygiene. other than one, the West	Ē	Elamentary/Secondary (0-12) College	a (1-4or 5+)	PALE	Burn T		tac 1	MRV	
	hori Tr.		17. Fathar's Nama (First, Middla, Last)		UNAVIZ	CYDRAIO	R	1/1	/	
an an	d la b	Be	Tall To Sale The	- ^		716. Mother's Na	First, Middla, N	naiden Sumam	ay	
Ž	should be ind Mental marked o	2	JOHN V, WEATHE	3		LGA	75/15	14591	ER	
Maryland	2 shk		19a. Informant's Name/Raiationship (Typa, Print)		19b. Malling Addrass (St.	reet and Number or F	lural Routa Number	City or Town,	Stata, Zip Cod	a)
	Health em 27		JOHN J. WEATHE	RS :	320 EAST	154 51RE	E) April	75- BRO	WX N;	V10451
altimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important, if item 27 is marked other than "natural", or items 23s or 28s-f show the injury or other traumatic event, the Medical Examiner must be notified at another.	ļ.,	20a. Mathod of Disposition	20b. Plac	ce of Disposition (Nama of		Date /	20c. Location -	City or Town	Stata
Ĕ	Pages nent of I ant: If its ary or of		1 □ Burial 2 □ Cremation 3 □ Removal fro 4 □ Donation 5 □ Other (Specify)	m State	moren La	DW 7 7	3/22/AV. 1	7	m.	1/2 mm
	autmon ortant: injury		21. Signature of General Service Licensee	1014	22. Name and A	telemen of English	4/11/4	Mille.	3/1/11	12/1/1/
Ba	Departm Departm Importar any inju		NW WW		GARW Y	MAPCH	runeral/	comb-	rolt	
			Xpor // //aret		270 F	SE DAIL OF	11/2/95	BNI	MD,2	1229
			23a. Pan Cried the Sease, o complications the shock or leart failure. List only one cause o	t caused the death.	Do not enter the mode of	uving, such as cardia	c or raspiratory arre	est,	App	proximate rval Batween
N	Physician		//		^		_		One	sat and Death
ĮΜ	/Medical		tmmediate Causa (Final disaasa or condition	Lorgedo	rotic Can	Lauren	Jan Da		[	
	Examiner		rasulting in death) a.	Due to fore	is a consequence of):	ALOVAS CO	100 113	Lase		
		101		Dua to (or a	is a consequence or,				1	
	D 18	Examiner	b	D	, , , , , , , , , , , , , , , , , , ,					
_	be executionand clan and burist-tran	Exa	Sequantially list conditions, if any, leading to immediate	Dua to (or a	is a consequence of):					
.60	be puri		cause. Entar Undarlying Causa (Disaasa or Injury							
68760,	certificate be exe nding physician a use as the burial-	Medical	that initiated evants rasulting in death) Last	Dua to (or a	s a consequence of):				į	
×	antificación de se	N.	d							
B			<del>-</del> v							
	the atte	Physician	Part II. Other significant conditions contributing to	daath but not rasulti	ing in the underlying cause	givan in Part I.	23b. Did to	bacco use cor	ntribute to the	cause of death?
P.O.	# N. S	t,					1□ Y	8 2 No	3 Probably	4 Unknown
	es that gned be det	by F								
Records,							24a. Was ar	autopsy	24b. Wara a	utopsy findings
8	P D B	Completed					perform	ned?	availabl complai	la prior to tion of cause n?
8	hes pe 2	ם							. 1	
	cate he						125 Va	s 2 No	X Yas	s 2□ No
Vittal	delan: Th cartificate rector, pa	Be	25. Was casa rafarred to medical axaminar?				ath (Check only on	a)		
	2 50	2		Inpatient 2 XEF	R/Outpatient 3 DOA	Othar: 4 Nursing I	Homa 5 □ Rasida	nce 6 Oth	ar (Specify)	
č	ding Ph After th funeral	Ë	27. Mannar of Death 1 ☑ Natural 5 ☐ Panding (M	a of Injury 28	8b. Tima of 28c. I	njury at Work?	28d. Dascribe ho	w Injury occurr	ed	
0		atic	2 Accidant invastigation	,		1 ☐ Yas 2 ☐ No				
Division of	after deal Director: I in by the	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined 28a. Pla	ce of Injury - At hom	a, farm, streat, factory, off	ica	28f. Location (Str		er or Rural Rou	ita Number,
ā	for A affer din b	F	4 D Horridga Sui	Iding, atc. (Specify)			City or Town	, Stata)		
	Hospital 24 hours Funansi Haly Illied		29a. Cartifier 1 Certifying Physician: To t	na best of my knowle	edge death occurred at th	a time data and place	e and due to the ca	uea(e) and ma	nner es statod	
	Pur Pfur etaly	edical	(Check only 2 Medicat Examiner: On tha	basis of axamination	and/or invastigation, in n	y opinion, daath occ	urred at tha tima, da	ita and placa,	and dua to tha	causa(s)
	To the Ho within 24 To the Fu completed	ě	29b. Signatura an Titla of cartiflar	and states.	20c 1 in	ensa number	20	d Data signa	(Month, Day,	Veer)
	FIFE		1	0						
)	(0	1	Nemus & C	aute as	0.0	C.M.E.	M	IARCH	21,199	16
	( "	1	30 Name and address of person who completed ca	usa of death (Itam 2:	3a) (Type, Print)				7 04-	201
1	_		Dennis J. Chute	. "	Penn Stre	et, Balt	ımore, N	daryla	nd 212	701
	Sta	te	31. Data filed (Month, Day, Year)	egistrar's Stantur	200					

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Dete of Deeth TAMES ROBERT :47A.W larch 4e. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death GLEN BURNIE NORTH ANNE ARUNDEL FRUNDET If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day) 5. Sociei Security Number 7. Age (In yrs. last birthdey) Birthpiace (State or Foreign Country) 10XM 2□ F 213-30-2560 MARYLAND Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2X No ANNE ARUNDEL MARYLAND GLEN BURNIE 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7518 HOLLYBROOK 21061 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 11. Maritel Stetus 1 ☐ Never Merried 2 ☑ Merried 1 ☐ Yes XIX No Specify: 3 ☐ Widowed 4 ☐ Divorced Specify: WHITE 18a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent'a Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) QUALITY INSPECTOR 12 WESTINGHOUSE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) EARL WAYS MARGARET WHITTMAN 19e. Informent'a Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) L. WAYS 7518 HOLLYBROOK ROAD, GLEN BURNIE, MD. 21061 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete Number 2 ☐ Cremetion 3 ☐ Removel from Stete 4/1/96 4 ☐ Donetion 5 ☐ Other (Specify) GLEN HAVEN MEMORIAL PARK GLEN BURNIE, MARYLAND 22. Name and Address of Facility SINGLETON FUNERAL HOME, 21. Signature Funeral Service Loensee 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061

Approximate

Approximate

Approximate Approximate Interval Between Onset and Death Immediate Cause (Final ISCHEMIC disease or condition resulting in deeth) CONGESTIVE Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or as e consequence of): 1ENTRICULAR Due to (or es e consequenca of) 23b. Dtd tobacco use contribute to the cause of death? ANEMIA-1 Yes 2 No 3 Probably 4 Unknown 24e. Wes an eutopsy performed?

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

10a State

TAMES

**Funeral** 

Director

"natural", or items 23a or 28a-f show

Pages 1 and 2 should be filed within 72 hours after death with to not of Health and Mental Hyglene. Int: If them 27 is marked other than "natural", or items 23a or?

7 is marked other than "nature traumatic event, the Moursal

If Item 27 or other t

altimore, Maryland 21215-0020

Director

Funeral

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Completed

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the Maryland

physician and the burial-transit 8 nse signed by the aid be detached for certificate this After

of Vital Records, P.O. Box 68760,

Examiner Certification:

Physician/Medical by Be ၉

nding Physician: Funeral To the How within To the Fune Completely fi

State Registrar

Medical

Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. Were autopsy findings aveilable prior to completion of cause of death? 2 1 No 2 No 25. Wes case referred to medical examiner? 28. Place of Deeth (Check only one) 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of tnjury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 | Homicide 29a. Certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and menner as stated.
2 Medicat Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29b. Signature and title of certifier 29c. License number

29d. Dete signed (Month, Dey, Year)

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

DRWIE.

or Ellister

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEMS: 23 PART I, 26,27, PER DR. State of Maryland / Department of Health and Mental Hygiene 09008 FILM G-733 3/29/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey Month **Physician** Willie illiams 6:15PM 1996 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Medical 1 berty enter Baltimore if Under 24 Hrs. 5. Sociel Security Number If Under 1 Year 6. Sex 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) **Funeral** 189 M 2□ F Months Deys Hours Min. 218-05-3420 80 Yrs. Director 09-15-15 S. Carolina Usual Residence of Decedent the Manylend 10e. Stete 10b. County 10c. City, Town or Location irel", or items 23s or 28s-f show LExaminer must be notified at 10d. inside City Limits 1 Yes 2 No Director MD. N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? death with 21217 U.S. 2424 Woodbrook Avenue 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever In U,S. 11. Merital Status 14. Reca - American Indian. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Bieck, White, etc. filed within 72 hours after Hygiene. 1 Never Married 28 Married Baltimore, Maryland 21215-0020 "naturel", or 1 Yes 2 StNo Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorcad Year or Dates: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) the Medical 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Rail Road Baltimore City 12th marked other permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oth eny lojury or other treumstic event app. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 Carrie Clayburn Frank Williams 19e. Informent'a Neme/Reietlonship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mary R. Williams 2424 Woodbrook Avenue Balto., MD. 21217 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Diaposition 20c. Location - City or Town, State Buriel 2 Cremetion 3 Remove from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Arbutus Mem. Pk. 3/15/96 | Arbutus, MD. 21. Signeture of Funerel Service Licansee 22. Neme end Address of Fscility 1721-27 N.Monroe Street July 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. CFSP#281 Balto., MD. 21217 Approximate Interval Between Onset and Death **Physician ASPIRATION** /Medical Immediete Ceuse (Finei diseese or condition resulting in deeth) Examiner Due to (or as a consequence of): Examiner Donald & Whigh AD physician and s the buriel-transit The law requires that the deeth certificate be executed Dee to (or ea a consequence of): Sequentially list conditions, If eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury thet Initiated events resulting in deeth) Lest SERTIFICATION APPROVED BY MEDICAL EXAMINER Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): for use es t signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Tinknown þ 24b. Were autopay findings aveilable prior to completion of cause of death? 24a. Wes en autopsy periomed? Completed certificate hes t lirector, page 2 s 1 ☐ Yes 2 ☐ No 1 Yea 2 No Attending Physician: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) 70 Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetient DOA this funeral 28e. Dete of Injury (Month, Dev Year) 27 Menner of Deeth 28b. Time of 28c. Injury et Work? Certification: 28d. Describe how Injury occurred 5 Pending 1 Neturel death. 700 PM 1 Yes 2 No investigetion 2XXAccident after death Director: Could not be 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 4 Homicide ò filled in L Wood 24 hours Hospital edical 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and manner as atated. completely (Check only one) 2 Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end piece, and dua to the cause(s) end menner steted. within 2 To the the th 29b. Signature and title of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number

e-of death (Item 23a) (Type, Print)

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LISKY

32. Redistrer's Signature

State Registrar

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30. Name and address of person who completed cause

31. Dete filed (Month, Dey, Year) 9 1996

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DIVISION OF VITAL RECORDS, P.O. BOX 6876(
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	A.	zsı	TTNIK		2. DATE OF DEATH MONTH MAR 26	5 1996 °E	3. TIME OF DEATH 10:20 pm м				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday) YRS.	IF UNDER ( YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountry)				
OR	9a. FACILITY NAME (If not institution, give Saint Joseph Me			, ,	waon, Man		9c. COUNTY O	DE DEATH DEMOCE				
5	RESIDENCE OF DECEDENT						1					
L DIRECTOR	100. STATE 10b. COUNT		10c. CIT	PARK	ATION  VILLE  IOI. ZIP CODE			10d. INSIDE CITY LIMITS? 1 YES 2 NO  OF WHAT COUNTRY?				
FUNERAL	LIW OBOE	1000मि	SY ROAD		212	34	V.	S.A.				
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED  YES 2 NO  RR OR DATES	If yes,	ECENDENT OF HISPAI specify Cuben, Maxica ES 25 NO Specif			RACE — American Indian, Black, White, atc. Specify:				
ED	15. DECEDENT'S EDI (Specify only highest grad		18a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUST	RY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 s	life. Do NOT u	se retired.)		NEWS	Ams	RICAN				
Ö	17. FATNER'S NAME (First, Middle, Last)	5			16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)					
BEC	OHOL	'izd'	TTOIK		( )A	RIA HS	ROLD					
TO E	19a. INFORMANT'S NAME (Type/Print)	D	19b, MAILING	ADDRESS (Stree	t and Number or Rural	Route Number, City or Tow	State, Zip Code	0) 21234				
F	L'ATHERINE &	"LSITT	nik 3020	Wille	OUGHB)	KOAO	TARKY	ILLS MARYLAND				
	20a, METNOD OF DISPOSITION Burlal 2 Cremation 3 Rer Donation 5 Other (Specify)		20b. PLACE AND DATE cometery, cremetory or of PARKWO	ther placel	Name of	DATE 20c. LO	CATION - CITY OF	S PARY AND				
	21. SHOW AND DIRECT LICENSEE  22. NAME AND ADDRESS OF FACILITY  EVANS CHAPLOF REMORIES  8800 HARFORD ROAD—PARKVILLE											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,  Appr											
	ahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition presulting in death)  PNEUMONA  a.											
TION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentieity list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	c. DUE TO	(OR AS A CONSEQUENCE C	F):								
	DADT II. Other elemitianst annultie	ma agatalhustan ta	denth has not as a false	for the second of								
EDICAL	PART II. Other significant condition CONGESTIVE HE			in the underly	ing ceuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE				
<u> </u>	MYOCARDIAL IN					1 _ YES :	2 NAO	DF DEATH?				
Σ.	DID TOBACCO USE CON		LISE OF DEATH V	ES I NO	DI LINICEDTAL	N D		1 - YES 2 XNO				
AN	25. WAS CASE REFERRED TO MEDICAL	T T	26. PLACE OF DE									
SICI	EXAMINER?	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:								
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, D	INJURY 28b. TII	NE OF 28c.	NJURY AT WORK?  YES 2 NO	28d. DESCRIBE NOW	INJURY OCCURE	D .				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28s. PLACE 0 building,	OF INJURY — At home, ferm, etc. (Specify)			28t. LOCATION (Street City or Town, State		ural Route Number,				
COMPLET	0001		my knowledge, death occur									
8	2 MEDICAL EXAMIP		Amminustrari and/or investigati	un, in my opinion				use(a) and manner as stated.				
TO BE	296. SIGNATURE AND TITLE OF CENTIFIC	News	-wa	>	29c. LICENSE NU D37254			26-96				
F	BOON P. LIM, M.D.	ST.JOSEP	H MEDICAL C		620 YORK	ROAD, TOWS	ON,MD.2	1220				
G .	" MAR 2 9 1996	Grand Day do	AR'S SMATURE									

IN THE RESERVE  Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 0.0

		Decedent's Name (First, Middle, La	ist)		Cer				2. Date of D	Reg. No.		3. Time of Death
Physici		Juanita Maxin	•	e Addie	on				Month 03	"Dav	Year 6	2:40P.M
/Medic Examin		4a. Facility Name (If not institution, gh			OII		- [	4b. City, Town, or Lo				2.40F.F
Examili	er	Independence C			wil	1e		Hyattsv		P.(		
Funeral		5. Social Security Number 6. 5	Sax 7.	Age (in yrs. last bi		If Under 1		If Under 24 Hrs.				place (State or Foreign
Director		579-34-1665 Usuai Rasidanca of Dacedani	1□M 2X0F	69	Yrs.	MONUTS	Days	Hours Min.	8. Data of Bi (Month, D	29 26	Wasi	place (State or Foreign ntry) D.C.
show		10a. Stata 10b. County		10c. City, Tov	n or Loc	cation	-				1	Od. Inside City Limits
ms 23a or 28a-f show	tor	MD P.G.		Adel	phi							Yos 2□ No
or 28	Sire	10e. Street and Number				10f. Zip (				10g. Citizen of		ntry?
23a	rail	7957 Riggs Rd					783			U.S.	.A.	
ural', or items	by Funeral Director	11. Marital Status  1 □ Navar Married 2 □ Married  3 □ Widowed 4 ② Divorced	12. Was Deceda Armed Force 1 Tyes 2 If Yas, Giva Year or Date	<b>≧</b> No		Vas Deceda Yes, speci □ Yes 2		lispanic OrlgIn? (Sp an, Maxican, Puerto Specify:	ecify Yas or N Rican, etc.)		14. Race - American Indian, Black, Whita, atc.  Specify: Black	
natur	Completed	15. Decedant's E (Specify only highest gra	ducetion ade completed)	168	. Deced	ant's Usual	Occup	eation during most of work d)	ina	16b. Kind of B	usiness/in	dustry
han.	I D	Elamantary/Secondary (0-12)	Collaga (1-4d	or 5+)						Corre	200 m	on+
other t	ပ္ပ	12 17. Fathar's Nama (First, Middla, Last	1		Sup	ply	Spe	18. Mother's Nam	a /First Middle		ernme	enc
d d o	o Be	Mack C . Reeve						Blanc		Taliafe		
PEE	2	19a. Informant's Neme/Ralationship (		19	o. Mailing	g Addrass	Street	and Number or Rur		ber, City or Town	State, Zic	Code)
27 ls	İ	Gail Addison		. 5	808	Har	lar	nd St. N	lew Ca	rrollto	on,M	D.20784
		20a. Mathod of Disposition 1 ☑ Buriai 2 ☐ Cramation 3 ☐	1D	20b. Place of cemete	of Dispos	atory or off	of er plac	ce)	Data	20c. Location	- City or To	own, State
ment o ant: If ury or		4 □ Donation 5 □ Other (Spacil		Harmo	ny	Ceme	te		4/96	Lando		
Department Important: if any injury o		21. Signatur of Funaral Sarvice Licer				Name and	Addra	ss of Facility H	lodges	and E	dwar	ds
10 5 3 8		fance	au	ands	/39	10 S	il	ver Hill	RD.S	uitlan	dM, E	.20746
	21	23a. Part1. Entar tha disaase, or com shock, or heart feilura. List only	piications that caus ona ceusa on aach	sed the death. Do n lina.	not anta	r the moda	of dylr	ng, such as cardiac	or respiratory	arrest,		Approximate Interval Between
hysician /Medical		Immediata Causa (Finel	PI		ī		1	4			i	Onset and Death
xaminer		disease or condition rasulting in death)	a. luly	sona Ri			0	45m				minutes
	ē		CLE	Dua to (or as a	1	uance of):	5	FAIlu	0-			monthe
dansit	Examiner	Sequentially list conditions	b. CNK	Due to (or se a	consequ	ience off-	E				- 1	THE STITLE
g physician and as the burial-transit		Sequantially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Disease or Injury that initiated events	Chr	unic 3	Piln	Ted	(	'Ardio	MUDDA	Thu		years
g physician a	edicai	that Initiated events rasulting in death) Last	C	Dua to (or as a	consequ	ience of):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	To for	2.19	1	
ding p	-		. ENC	1 STAG	e (	hR	on	ic Emp	hysem	e_	1	years
ed by the attending I deteched for usa as	Physician/N			U				1				
ched	ysic	Part II. Other eignificant conditions of	ontributing to death	but not resulting	n tha un	darlying ca	ısa giv	an in Part I.				o the cause of death?
ned by detec	y P								15	Yes 2□ No	3 ☐ Pro	bably 4 Unknow
ate has been signed by the attendin page 2 should be deteched for usa	Completed by			_					24a. Wa	s an autopsy ormed?	av co	ara autopsy findings railable prior to emplation of cause death?
page page	E								10	Yas 20 No	1[	☐ Yes 2☐ No
certificate has rector, page 2	Bec	25. Was casa rafarred to medical axaminar?						28. Placa of Deat	h (Check only	ona)		
this certific	2	1 Yes 2 No	Hospital: 1 Inpe	atient 2 ER/O	utpatient			4 Li Nursing no	ma 5□Ras	idance 820th	nar (Specif	MAssisted
After t unera	Certification:	27. Mannar of Death 1 ☑ Natural 5 ☐ Pending			Tima of Injury		c. fnjur Wor	K/	28d. Dascribe	how Injury occur	red Li	ving Fac.
death	Icat	2 Accident investigation 3 Suicida 6 Could not b		Injuny At home 6	arm elec	M laston		Yas 2□No	28f Location	(Street and Num	her or Pur	el Route Number
Direct of in b	enti	4 ☐ Homicide determined	building,	Injury - At homa, fo atc. (Specify)	aim, sira	lat, ractory,	OIIICE		City or To	own, State)	Der Or Hurs	er modie veriloer,
within 24 hours aftar death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai C	29a. Cartifier (Check only one)  Cartifying Ph 2 Medicat Example	ysician: To the be niner: On the basis and mannar	of axamination ar	e, deeth nd/or Inv	occurred e astigation, i	the tin	na, data and place, pinion, deeth occur	and dua to the red at the tima	causa(s) and m , date and plece,	annar es s and due to	stated. o the cause(s)
withir comp	×	29b. Signatura and title of certifiar	11 1	1				e number		29d. Date signe		
		> Vrscall l	Mohr	how or		D	C .	2755		Mari	ch 1	5,1996
2)		30. Nama and addrass of person who 106 ZRVING ST	NW #	f death (Itam 23a) 20 b	(Type, F	ASh I	ng-	ton DC	200	10		
		31. Data filed (Month, Day, Year) MAR 1 5 199					· W					

DHMH 16 Rev 6/95

MAR IS 1990 I Commented

# TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIPECTOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG NO		
1. DECEDENT'S NAME (First, Middle, Last) Helen	Eugenia A	lexander	Alex	ander	2. DATE OF DEATH MONTH March 9,	<sup>*</sup> 1996	3. TIME OF DEATH 2:07 A.M.M
	6. AGE (1	100	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)1 November		8. BIRTHPLACE (State or Foreign Country) Virginia
9a. FACILITY NAME (If not institution, give street Holy Cross Hos		91		on Location of De lver Spri			ntgomery
RESIDENCE OF DECEDENT			,				
Maryland Mon	tgomery		own on Loca Kensin			10	10d. INSIDE CITY LIMITS?  1 X YES 2 NO
100. STREET AND NUMBER 3618 L	ittledale Re	oad. Apt.	207B 1	H. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
Sun Rise Retiremen	t Home; Wood	lawn Build	ling	20895			ted States
1 Never Married 2 Married 3 Widowed 4 X Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		It yes, s	pecify Cuben, Maxice S 2 X NO Specify	NIC ORIGIN? (Specify Ye in, Puerte Ricen, etc.) y:	or No-	14. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDUCA (Specify only highest grade co	(ION (mpleted)	16a. DECEDENT'S US (Give kind of work	UAL OCCUPAT	ION out of working	16b. KIND OF BU	SINESS/IND	USTRY
	College (1-4 or 5+)	Real E	etired.)		Tomme	r Real	lty Company
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden		
	Douglas	Alexand	er	Lilli		Sumeme)	Clark
19e. INFORMANT'S NAME (Type/Print)	1				Route Number, City or Tox		
Deborah Renee Alex	ander (niec	e) 11103	Penny	Avenue, (	Clinton, M	aryla	nd 20735
20s. METHOD OF DISPOSITION  1A Burlel 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	al from State 20b	PLACE AND DATE OF (	place)	lame of Park /	13/96 Nev	CATION - C	er, Virginia
21. SIGNATURE OF FUNERAL SERVICE LICE	SEE	Duill IBC D	22. NAME	ND ADDRESS OF FA	CILITY T TANK	T. T.	uneral Home
Bennie Z	Turney II						h.D.C. 20011
23. PART I. Enter the diseases, or co- shock, or heart fellura. Li			enter the m	ode of dying, auc	h as cerdiac or resp	iratory arr	Interval Batweet
iMMEDIATE CAUSE (Final disease or condition resulting in death)	Uro	Sep Si	S				Onset and Death
	DUE TO (OR AS A	CONTROUENCE OF):	11	1 + -			1. nc
Sequentially list conditions, b.	QUE TO (OR AS A	CONSEQUENCE OF)	١١	210			6 0
If any, leading to immediata cause. Enter UNDERLYING	Cormo	- M	1204	Qu'i	reare		6 40.
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF:			10,0		1
resulting in death) LAST	60 00	Losel	Z	Mic			4 22
d.		-04		11			
PART II. Other algnificent conditions	contributing to death b	ut not reaulting in	the underlyi	ng cause given in	Part I. 24e. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
						2 2 110	DF DEATH?
DID TOBACCO USE CONTRI	<b>BUTE TO CAUSE O</b>	F DEATH YES	□ NO E	UNCERTAL	N 🗆		
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	Check only one	)			
EXAMINER?	HOSPITAL:	nationt 3 DOA 4	THER:	me 5 🗆 Residence	B Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME (	OF 28c. If	JURY AT	28d. DESCRIBE HOW	INJURY OCC	CURED
1 Netural 5 Pending	(Month, Day, Year)	INJUR		YES 2 NO			
2 Accident Investigation 3 Suicide a Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, tarm, stra	et, fectory, off	Ice	281. LOCATION (Street City or Town, State		or Rurel Route Number,
29a, CERTIFIER							
(Check only	AN: To the bast of my know On the basis of examination						ed, e cause(s) and manner as stated.
280 BIGHASURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d, DAT	E SIGNED (Month, Day, Year)
11.66.20	C	40		DZ	817	D 2	19/01
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P)	rint)	1 1/30	0 ( )		11(76
M. Wajred	Khay m	0 120	. /	angra	: the	wh	un mo
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE		0			2-762
MAK 11 1336	The solven	Market					

11010 1.

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours, after death. Page 6 may be retained by the blooming physician and completely filled in by the tuneral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 6876

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	10.			
	1. DECEDENT'S NAME (First, Middle, Lest)				1,5	2. DATE OF DEATH	DAY	YEAR 3	. TIME OF DEATN	
	Rickey	William	Able			march		196	1941 M	
	220 14 3323 20	1 2 [ F	yrs. lest birthdey) 37 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) Sept. 27	1958	Mary Mary		
LOR	9a. FACILITY NAME (If not institution, give street and Union Hospital of Co		у	96. CITY, TOWN Elkto	OR LOCATION OF DI	EATN	9c. COUN	il	ТН	
DIRECTOR	Maryland Cecil		100	ry, town on Loc.	ATION				0d. INSIDE CITY LIMITS?  X YES 2 NO	
	10e. STREET AND NUMBER 243A Hollingsworth	Manor			of, ZIP CODE 21921				AT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 12. WA	S DECEDENT EVER IN RCES? 1 TYES YES, GIVE WAR OR DA	2 NO	If yes, s		NIC ORIGIN? (Specify an, Puerto Rican, etc.) y:			- American Indian, White, etc.	
COMPLETED		pe (1-4 or 5+)	(Give kind of life. Do NOT u	B USUAL OCCUPAT work done during n use retired.)	ION lost of working	166. KIND OF	BUSINESS/IND	USTRY		
M	11. 17. FATHER'S NAME (First, Middle, Last)		Chef		16 MOTNER'S NA	ME (First, Middle, Maid				
EC	Johnnie H. A	ble			IB. MOTHER S NA	Rowena				
TO BE	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or			0.2.1	
	S. Gale Able	200		HOLLING OF DISPOSITION		anor - Ell	LOCATION -			
	20a. METNOD OF DISPOSITION 1X Burlet 2 Cremetton 3 Removet fro 4 Donation 5 Other (Specify)	m State ceme		other place) Cemetery		3 <sup>DA</sup> 1 <sup>E</sup> 3 20c. 1996 E				
	21. SIONATURE OF FUNERAL SERVICE LICENSEE	Win				r Funeral	s, P.A		1921-5521	
7			CONSEQUENCE	1701.	CHRO	DIC		eat,	Approximate Interval Batween Onset and Desth	
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE (	OF):			0740		Q ueros.	
ERTIF	is any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  C. I SCHEWIC CHABIO WYO PATHY  DUE TO (OR AS A CONSEQUENCE OF):  d. PHEUMATIC WEART ACSENSE  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART It. Other algnificant conditions cont					1   YES	AN AUTOPSY FORMED?	0	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			ATH (Check only on						
SIC	EXAMINER?  1 YES 2 NO 1 1 1 1	PITAL:	atlent 3 DOA	OTHER:	ome 5 🗆 Residence	6 Other (Specify)				
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	8a. DATE OF INJURY (Month, Day, Year)	28b. Ti	NJURY 1	YES 2 NO	28d. DESCRIBE HO	W INJURY OC	CURED		
		Be. PLACE OF INJURY building, etc. (Spec	— At home, farm	, street, factory, of	Hom	281. LOCATION (Str City or Town, S		or Rural Ro	ute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PNYSICIAN: T DESCRIPTION ON II								and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER  August 1. Company 1. Compan	4.			D 07	463		S-LL	Month, Day, Year)	
10	Rolando Najera	118 NO.	FTh s		EIKTO	n, mo	. 2	192	-1	
	MAR 13 1996 July	2. REGISTRAR'S SIGN.								

Sluce :

1

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

			1. DECEDENT'S NAME (First	L Middle Leath								_	EG. NO.			
	1		Emory		am AT	MC	T				1.	MONTH	DA		YEAR	TIME OF DEATH
			4. SOCIAL SECURITY NUM	Willi.	5. SEX	DAMS,		41.1				larch				6:15 A M
					1 💢 M 2 🗆 F		yrs. last birth	MONTH	DER 1 YEAR	HOURS	R 24 HRS. 7.	(Month, Day	IRTN ; Year)		B. BIRTNPL. Country)	ACE (State or Foreign
	용	1	218-07-20			74	Y	RS.				lug. 12	192	21	Mary1	and
	3 should	E	9a. FACILITY NAME (If not in			II .					ION OF DEATH	N			TY OF DEAT	
	1. 2,	DIRECTOR	Dennett R	CEDENT		ing Ho	ome		)akla	and				Ga	rrett	
	permit. Pages	H	10e. STATE	10b. COUNTY			100	CITY, TOW							10	INSIDE CITY
	H.		MD  100. STREET AND NUMBER		arrett					0akl					_	X YES 2 NO
		FUNERAL							16	of. ZIP COD						AT COUNTRY?
0	pnysician. burial-transit	N	733 E. His	gii St.	12. WAS DECEDEN	T EVER IN U	J.S. ARMED	1	3 WAS DE	CENDENT (	21550 OF NISPANIC		anthi Van		SA	American Indian,
050	buris buris		1 Never Married 2		FORCES? 1 IF YES, GIVE W	X YES	2 NO	- 1	If yes, s	pecify Cube	ın, Mexican, P	varto Rican,	atc.)	or No-	Black, W	American Indian, Thite, atc.
2-0	attenning physician. se as the burial-trar	ВУ	3 Widowed 4 Divo	orced					, , , ,	2 - QA 110	opocny.				Specify:	White
121	for use a	ETED		EOENT'S EDU		16	'/Give kin	NT'S USUAL	e dudna m	ION lost of working	ng	16b. KIND	OF BUS	INESS/INDU	STRY	
0.5	od for	PLE	Elementary/Secondary (0	0-12)	College (1-4 or 5 +			OT use retired	•							
AND	detached detached once,	COMPL	17. FATNER'S NAME (First, M	liddle. Last)		v	vocat.	ional	Inst		OT NER'S NAME			Lonal	racı	Lity
Y	5 2 %	Ö	Emory	Willi:	am Ad	lams,	Sr.				amie	(FIRST, MICIONS,	, Melden S		Sande	7° C
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physic	5 should notified	0	19a. INFORMANT'S NAME (			, and ,		ILING ADDRE	SS (Street		or Rural Rout	w Number, Ci	ty or Town			15
		٤	Rebecca K	. Graz:	iano						d Forg					
	ector, page		20g, METNOD OF DISPOSIT	ION on 3 - Reme	oval from State		LACE AND D	ATE OF DISP	OSITION (N		Ī			ATION — CI	ty or Town,	State
	S E		4 Donation 6 Other	(Specify)		Gar	rett	Co. I	lem.				0akl	land,	Mary	land
	e funeral din		21. SIGNATURE OF FUNERA	L SERVICE LIC	AA N			2			ss of facili Funera		10			
BA			Barco	Men H.	Lower				32 S	. Sec	cond S	t 0	akla	and, h	4D 2	1550
Pourse of	SE O		23. PART I. Enter the d shock, or h	iseasea, or c	complications that List only one cau	t ceused th	he death.	Do not ent	er the mo	ode of dy	ing, auch a	a cardiac d	or reapin	atory arre	nt,	Approximata
	是三里		IMMEDIATE CAUSE (Fir			7.1111.5.0.0										Onaet and Death
00	ompletely fills I, cremation, event, the	1	resulting in death)	<b>→</b> ,				on Ca	ncer							1989
	5 - 5	_			DOE 10	(OR AS A CO	ONSEQUEN	CE OF):								
	C - 5m	2	Sequentially list conditi		DUE TO	(OR AS A CO	ONSEQUENC	CE OF):								
BOX	prior r trav	CA	cause. Enter UNDERLY! CAUSE (Disease or inju	ING	B											
0	ding phy Hygiene r other		that initiated events resulting in death) LAS		DUE TO	OR AS A CO	ONSEQUENC	CE OF):								
S, P.O. Bo	attend ntal Hy	CERTIFICATION			d											
ă â	플로클													RE AUTOPSY FINDINGS		
RECOR	signed by Health and Iws any Ir	HYSICIAN: MEDICAL	Diabete	s Mell	itus, Hyp	perter	nsion						PERFORM		co	MILABLE PRIOR TO MPLETION OF CAUSE
III E	n sign f Heal		DID TORACCO LISE CONTRIBUTE TO CALLES OF DEATH AND THE AND THE STATE OF DEATH?													
3 6	23 pg		DID TOBACCO U		RIBUTE TO CAL	USE OF I	DEATH	YES 🗆	NO [	JUNC	ERTAIN )	ZÍ				
VITA	State D		25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
- NAIS	certificate the State , or Item		27 MANAGER OF STATE													
O PHYSIC OF	ther this cath with marked,	<b>a</b>	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?													
	: After death	B	2 Contact	Investigation	26s. PLACE OF	75,120 2 5,100						Bf. LOCATION (Street and Number or Rural Route Number,				
2 1	DIRECTOR: hours after Item 28 I	COMPLETED	1 Success 6 Could not be detarmined 5 Nomicide 6 Nomicide City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									number,				
OR ATTENDING PHYSICIAN: The		١٣	29a. CERTIFIER 1 CERT	IFYING PNYSIC	CIAN: To the best of a	my knowledo	ge, death oc	curred at the	time date	and place	and due to t	ha anuanta)				
HOSPITAL	FUNERAL within 72 I	N N	(Check only one) 2 MEOI	CAL EXAMINE	R: On the beels of ax	amination an	nd/or Investi	gation, in my	opinion, o	death occur	end due to to ed at the time	ne cause(e) .	end menn place, and	due to the	cause(e) an	d manner es stated.
SUR L	M with		296. SIGNATURE AND TITLE			1/	-				NSE NUMBER					onth, Day, Year)
THE		) BE	May	Bur	et a	KIRI	W	w	$\mathcal{O}$	D26	650				/18/9	
		٤	30. NAME AND ADDRESS OF													
			Margaret A.  31. DATE FILED (Month, Day,	Mari		O Box		0ak	land	MD :	21550				_	
		5	MAR 2 5	1996	32 REGISTRAF	SIGNATU	arlatt	7								
	سا ا سید	VA			<i>y</i>											DHMN-16 Rev 1/89

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

**BALTIMORE, MARYLAND 21215-0020** 

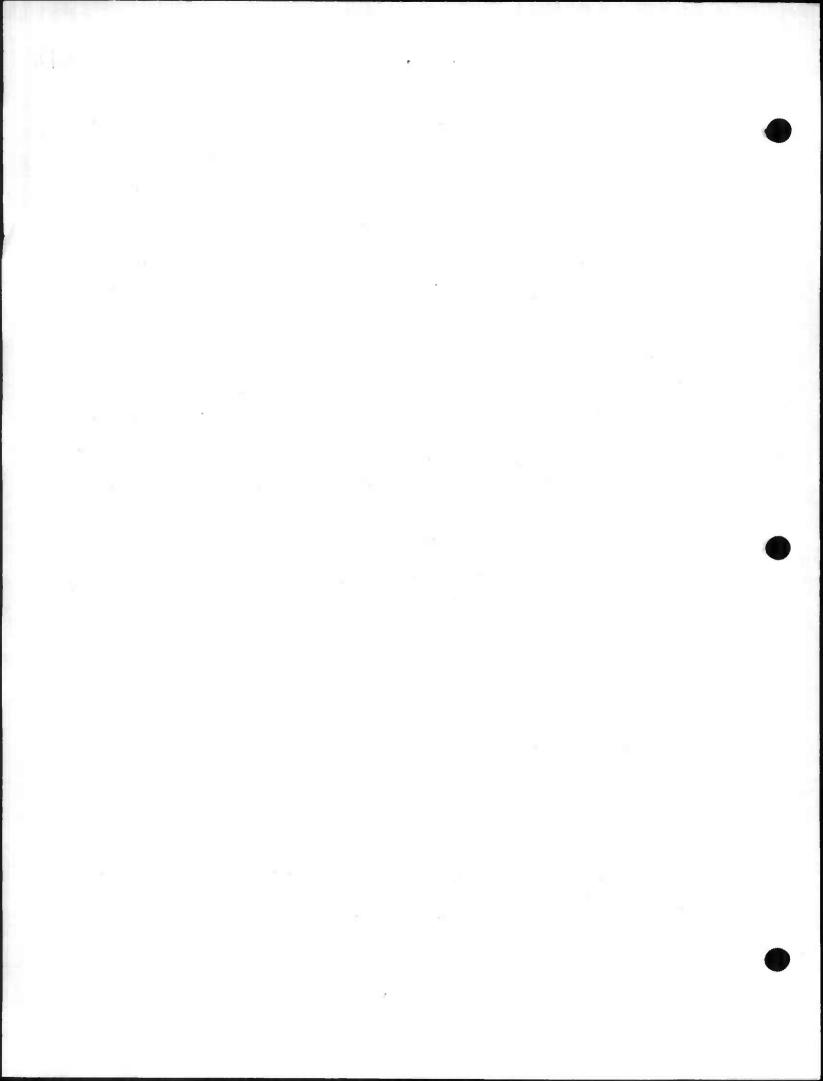
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 6876

YEAR EDNA LEE March 996 1600 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 5 - 25 - 05 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 577-01-7765 90 YRS. DAYS HOURS MISSOURI MIN. 1 M 2 F in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WICOMICO REGIONAL MEDICAL CENTER SALISBURY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? SALISBURY MD. WICOMICO 1 YES 2 NO FUNERAL ton. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 330 GLEN AVENUE 21801 USA hours after death, Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Maxicen, Puarto Rican, stc.) 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, While, etc. If yes, specify Cuben, Maxicen, Puerto Bit 1 Never Married 2 Merried BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done ife. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) te. MOTHER'S NAME (First, Middle, Meiden Surneme) ROBERT E. LEE MCCARY notified at MARGARET FOWKLES BE 19a. INFORMANT'S NAME (Type/Print)
KENNETH D. A 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip C 727 LARUEL ARE. OCEAN CITY, 2 MD., ALLEN OCEAN 21842 be 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must SALISBURY 3 - 1CREMATORY SALISBURY, MD/ 21. SIGNATURE OF FUNCTIAL SERVICE LICENSE examiner 22. NAME AND ADDRESS OF FACILITY ULLRICH FUNERAL HOME BERLIN, MD. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximats this certificate has been signed by the attending physician and completely filled in by · with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or remo shock, or heart fellure. List only one ceuse on each line Intervel Between **Onset and Death** IMMEDIATE CAUSE (Finel the disease or condition DUE TO (OR AS A CONSEQUENCE OF) event, resulting in deeth) HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuee given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE I YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN N PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) o the 27. MANNER OF DEATH 20s. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 5 Pending м t YES DIRECTOR: After the hours after death v BY Accident Investigation 28e. PLACE OF INJURY — Al home, ferm, streel, lectory, office building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide Hem 29e. CERTIFIER (Chack only Chack only PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. TO THE HOSPITAL OF TO THE FUNERAL DI be filed within 72 ho IMPORTANT: II IM 2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Ms 10 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30434 MI YERHON KI 32 REGISTRAR'S SIGNATURE 9

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



Pages 1, 2, 3 should

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6	1 8	Ē	9	90	1			JIS	20	N S	0 5	H S	<b>&gt;</b> §	E	7	00	Ш	DIVISION OF VITAL RECORDS, P.O. BOX 68760		တ်	O. (	0 8	<u> </u>	6 2	9)	87	99	9	
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	2	E	L.	ON DE	S		SE SE	6		the	th	e ce	E I	ate	has	peed	386	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in	6	he a	men	Ding.	PHY	SICIAL.	and.	00 :	mple	tery	Ε.
	2	fle	S D	Į.	7	Ĕ	OULS	aff	er d	eath	×	#	S	tate	9	f. 0	T	alth	and	Мел	as la	ygie	ne p	100	0	IL I	Cle	Mat	0
	Ξ	8	F	AN	1	1	E em	28	.00	E	rke	ď,	10	ten	23	뜫	MO	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the	Ä	3	0,	등	Per	trac	mat	2	Ne.	ř,	ē

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN YEAR MARCH 16,1996 05:30 A M ROBERT L. ALKIRE 7. DATE OF BIRTH (Month, Day, Year May 24, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 217-10-4397 78 1 🕅 M 2 🗌 F WV 1917 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sacred Heart Hospital DIRECTOR Cumberland Allegany RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY Springfield Hampshire 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 26763 U.S. P.O. Box 72 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, stc.) 11. MARITAL STATUS t4. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: White BΥ 3 🕅 Widowed 4 🗌 Divorced WWII ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Fabric COMPL NA Spinner at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Melvin Lee Alkire M. May Malone 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HC 63, Box 160, Romney, WV 26757 DorothyA. Davis 20a METNOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State examiner must Ft. Ashby Cemetery March 18,1996 Ft. Ashby, WV 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Shaffer Funeral Home, Inc 230 E. Main St., Romney, WV 26757 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heert failure. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** disease or condition reaulting in death) MEDICAL CERTIFICATION Sequentially list conditiona, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO acelosis COMPLETION DF CAUSE 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO B UNCERTAIN 1 YES 2 NO PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 N Inpetient 2 - ER/Outpetient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation BY 2 Accident 28s. PLACE OF tNJURY — At home, term, atreet, tactory, office building, atc. (Specify) 3 Sulcide 28t, LOCATION (Street and Number or Rural Route Number, City or Town State) .00 8 Could not be COMPLETED 4 Homicide 28 29a. CERTIFIER
(Check only one)

A MEDICAL SYMMER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as steted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE

DID 132

21502

912 SETON DRIVE CUMBERLAND, MD.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) **GEORGE** BREZA M.D. 31. DATE FILED (Month, Day, Year) MAR 2 0 1996

mo

HOUSTHAR'S SIGNATURE

3/16/9

# Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 09016

						Cer	tificate of	Death		В	eg. No.				
	Physic	ian	Decedent's Name (First, Middle, Last)			2. Dete c					e of Death 3. Time o				
	Physic /Medi		Leola T	erry Byrd					1	March		996	10:05 PM		
3	Exami		4e. Fecility Neme (If not institution, give					-		ation of Deeth	4c. County				
			Presidential						lph:				eorge's		
	Funeral Director		579-26-5813	arms	yrs. last bir	thdey) Yrs.	If Under 1 Year Months Days	Hours	Min.	B. Date of Birth (Month, Day 8-5-	Year) 1905	9. Birthp Coun Car	place (State or Foreign otry) South olina		
	end we		Usual Residence of Decedent  10a. State 10b. County	10	c. City, Tow	n or Loc	cation					1	0d. Inside City Limits		
	he Mary	Director		George's			Glena	rden			1 ☑ Yes 2 ☐ No				
	23a or 2		1423 8th Str	eet			10f. Zip Code	2070	06	1	Og. Citizen of	What Coun			
21215-0020	filed within 72 hours after death with the Maryland Hygiane. ther than "natural", or items 23a or 28a-1 show ont, the Medical Examinat must be notified at	by Funeral	11. Meritei Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ever Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates:	r In U,S.		Vas Decedent of H Yes, specify Cuba ☐ Yes 2 ☐ No	lispanic Origan, Mexican Specify:	gin? (Spec , Puerto R	ify Yes or No- ican, etc.)		ck, White,			
5-0	l within 72 ho iane. • than "natur the Medical	Completed	15. Decedent's Education (Specify only highest graduations)	ducation ade completed)	16a.	Deced	ent's Usuel Occup	ation	of working	,	16b. Kind of B	usiness/Inc	dustry		
121		hope	Elementery/Secondary (0-12)	Elementery/Secondary (0-12) Coilege (1-4or 5+)				d)	OF WOTHING		0.00				
Maryland 2	il Hygiane. other than		11th		S	hir	t Finis					ivat	e		
	S a b >	Be	17. Father'a Neme (First, Middle, Last, John Fraz				18. Mothe		First, Middle, I La Pre	Melden Surnen	10)				
	d 2 should b th and Menta 7 Is merked treumatic e	10	19a. Intormant's Name/Reletionship (		106	Mailin	g Address (Street	and Numbe				State 7in	Code		
	2 4 5		James Terry/S	on	8	07	Whittie			Wash	ingto	n,DC	20012		
Baltimore,	permit. Peges 1 and Department of Health Important: If Item 27 any Injury or other tonce.		20a. Method of Disposition  1   ☐ Buriai 2 ☐ Cremation 3 ☐  4 ☐ Donation 5 ☐ Other (Specif	Removal trom State	cemeter	mony Memorial Pk 3/14 Landover, MD									
	Depart Import any In		21. Signature of Funerei Service Licer  Licerature of Funerei Service Licerature  23a. Part I. Enter the disease, or com	Buscoe -1	Touc		Name end Addre	Jenki	ns E						
68760,	death certificate be executed  e attending physicien and od for use as the burial-transit	Ical Examiner	tmmediete Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	b	to (or as a control to (or a)))).	consequ	uenca ot):	AN)IO	VASC	var	DISTA	RE.	years		
Вох 68	ath certifica ttending ph or use as th	lan/Medical	resulting in death) Last	d								-			
P.0.	the d yy the ached	Completed by Physician/	Part II. Other significant conditions of			the un	derlying cause giv	en in Pert I.		23b. Did to	/		the cause of death? bably 4 Unknown		
of Vital Records,	e lew requires that the hes been signed by th ge 2 should be detache		StAGE IV De	23			24a. Was e perform	n eutopsy med?	COL	ere autopsy findings allable prior to mpletion of cause death?					
E F	E # 8									1 □ Y	es 2 No	1 [	☐ Yes 2☐ No		
Zit.	ysician: The s certificate director, pag	Be	25. Was case referred to medical examiner?	I leaster.			0.1		of Death	Check only on	1e)				
	this aldi	POSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing									Home 5 Residence 6 Other (Specify)				
	h. After funa	tlon	27. Mannerot Deeth 28a. Date of Injury 28b. Time of Injury 4 Work?  28a. Date of Injury 28b. Time of Injury 4 Work?  28b. Time of Injury 4 Work?  28c. Injury et Work?  1 □ Accident investigation 1 / / A.												
	or Attending effar death. Director: Afte	Certification:	2 Accident investigation 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify)  28f. Location (Street and Number or Rural Route N									Il Route Number,			
	o the Hospital or Attending lithin 24 hours efter death. In the Funeral Director: After empletely filled in by the fune	edical Ce	29a. Certifier 12 Certifying Ph	nystcian: To the best of my niner: On the basis of exa	y knowledge mination and	, death d/or inve	occurred at the tin	ne, date and pinion, deat	d pleca, an	d due to the call at the time, d	ause(s) end me	anner as si and due to	tated. the cause(s)		
	o the o the emple	Mec	29b. Signeture end title of certifier	end manner stated.	1		29c. Licens	e number		2	9d. Date signe	d /Month	Day Year)		
	7		1 11	1.11					7						
	5)		30. Name and eddress of person who	completed cause of deeth	(Item 23e) (	(Type, P	Print)	10	7	7	2 /	, ,	96 EMB 20711		
1	)		PAUL A. HE	VORE, MD	420	. /	Dreek	1560	my K	el t	Tyatt.	70,1/	e MD 20711		
	Sta Registr		31. Dete flied (Month, Dey, Year)  MAR 1 4 1996	2. Registrer's S	Signature	Le									

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Amended #1. P.G.C. 3-12-96 cr Certificate of Death 1. Decedent's Neme (First, Middle, Last) Philip Leroy Banks 2. Dete of Deeth **Physician** FORICS /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** PRINCE GEORGES HOSPITAL PRINCE GEORGES **CHEVERLY** If Under 24 Hrs. Hours Min. 5. Social Security Number If Under 1 Year Birthplace (State or Foreign Country) 6. Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dev. **Funeral** Months Deys 100M 20 F Yrs Director 229 38 5510 62 VIRGINIA DEC.22, 1933 Usual Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits show r than "natural", or items 23s or 28s-f shorter must be notified at MD. PRINCE GEORGES SEAT PLEASANT 1 ☐ Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 68TH. PLACE 121 20743 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours after death \text{Depertment of Health and Mental Hygiene.} Important: If item 27 is marked other than "natural", or items 23 any injury or other traumatic event, the Medical Exempter main Funeral 12. Wes Decedent Ever In U,S Armed Forces? Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. Maritei Stetus 14. Race - American Indian, Bleck, White, etc. 1 Nes 2 No 10/56 to If Yes, Give Yeer or Detes: 10/54 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No þ Specify: 3 Widowed 4 Divorced BLACK Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 2+ GOVERNMENT **EMPLOYEE** GOVERNMENT 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be PHILLIP **BANKS** MARYELLEN POINDEXTER 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) SYLVIA BANKS/WIFE 121 68TH. PLACE, SEAT PLEASENT, MD. 20743 J. 20b. Plece of Disposition (Name of cametery, crametory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriei 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) GEORGE WASHINGTON CEMET.3/15/96 ADELPHI, MD. 22. Neme end Address of Fecility DUDLEY FUNERAL HOME 3200 RHODE ISLAND AVE., MT.RAINIER, MD. 20712 Pert1. Enter the disease, or complications that caused the death. Do shock, or heart failure. List only one cause on each line. not enter the mode of dying, such as cardiac or respiretory errest, Approximete intervei Between Onset end Deeth **Physician** Diopetre artemopeleratio cardiavasculer de siare Immediate Ceuse (Finet disease or condition resulting in death) /Medical Examiner Examiner The law requires that the death certificate be executed bunal-trensit Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury and Due to (or es e consequence of) Box 68760. physician Physician/Medical thet initiated events resulting in death) Lest the t Due to (or es e consequence of): 88 esn Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 2 24b. Were autopsy findings eveilebte prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? Completed pege 2 1 Yes 2 2 certificate or Attending Physician: funeral director. 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) exemine 1 es Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 2 No 1 Inpatient 2 ER/Outpetient 3 DOA this 27. Menger of Deeth Dete of tnjury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 1 Neturel 5 Pending Investigation 1 Yes 2 No 24 hours after death. 2 Accident the 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide Hospital edical 1 Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Wedical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier ompletely (Check only one) vithin 2 To the \$ 29b. Signeture end title of certifie 29d. Date signed (Month, Dey, Year) License numbe 0 6 31. Dete filed /Month State Registrar

**DHMH 16 Ray 6/95** 

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3. TIME OF PEATH

8. BIRTHPLACE (State or Foreign

Buffalo, N.Y.

10d. INSIDE CITY LIMITS?

Black

interval Between Onset and Death

2 days

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

3112196

COMPLETION OF CAUSE

14. RACE - American Indian, Black, White, etc.

DOX YES 2 NO

Prince George's

10g. CITIZEN OF WHAT COUNTRY? United States

Specify

14212

9c. COUNTY OF DEATH

REG. NO

2. DATE OF DEATH 1944, 1996AR

MARYLAND 21215-0020

BALTIMORE.

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)
MAR 1 5 1996

Lawrence Shirley BROWN

4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year (Month, Day, Year Aug. 29, MONTHS DAYS HOURE 1 X M 2 | F 69 086-18-2367 for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR DOCTORS COMMUNITY HOSPITAL Lanham RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE Maryland Prince George's Greenbelt FUNERAL 10e. STREET AND NUMBER Greenbelt Nursing Center 7010 Greenbelt Road 20770 the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 N Merried IF YES, GIVE WAR OR DATES ΒY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Barber Self Employed should be detached 8 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 7 Thomas Brown Sarah Tilleary retained by BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 326 Watson Street, Buffalo, New York page 5 Garrette Brown Page 6 may be 9 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION /Neme of DATE 1 ☐ Burial 2X Cremation 3 ☐ Removal from State must director, tery, cremetory or other place)
Lee's Crematory 4 Donation 8 Other (Specify) 3/14/96 Clinton, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral STEWART FUNERAL HOME, Inc. after death. 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 4001 Benning Road, N.E., Washington, D. C. n by the removal. medical filled in by ti IMMEDIATE CAUSE (Final cremation, the disease or condition Bilaleral premomo event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): bunal, executed 0 traumatic ancinoma CERTIFICATION and Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): 2 the attending physician Mental Hygiene prior to 2 certificate other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 death PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL the th by and any Concinomo Colon DIRECTOR: After this certificate has been signed hours after death with the State Dept. of Health a item 28 is marked, or item 23 shows any 1 TYES 2 NO requires DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: MB 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER:
4 | Nursing Home | 5 | Realdence | 6 | Other (Specify) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO ATTENDING PHYSICIAN: 27. MANNER OF DEATH 28b. TIME OF 28a. DATE OF INJURY (Month, Day, Year) 28c. (NJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 6 Could not be determined COMPLETED 4 Homicide item 8 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as atteted. FUNERAL C within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On/the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE feelabi D 24 174 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Suite B. Greenbell 20770 Hamover Pkway PADMAJA 7245 UDAPI

62. REGISTRAR'S SIGNATI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

6. AGE (in vrs. last birthday)

DHMH-18 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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4. SOCIAL SECURITY NUMBER	BER		(In yrs. lest birthde	ly) IF U	MDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH		8. BIRTN Country	PLACE (State or Foreign
452-34-91			68 YRS.			10.100	Nov	.18,1	927	Ced	ar La.Tez
9a. FACILITY NAME (If not in		· ·		96. CITY, TOWN OR LOCATION OF DEAT					110	NTY OF D	
Med-Bride	JE KE	hab. Cente	r	Wheaton					Mon	itgo	mery
10a. STATE	10b. COUNT		10c. C		WN OR LOCA						10d. INSIDE CITY LIMITS?
D.C.		none		Wa		gton					1 X YES 2 NO
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19a. INFORMANT'S NAME (7						and Number or Rura					
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4 ☐ Donation 5 ☐ Other  21. SIGNATURE OF FUNERA		ENSEE /	armony	Me		al Pari		9   La	ndov	er,	Md.
17. Be	may	d Hunt	-				H	unt F			
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- 1	MONTH DAY YEAR											
		32 A. M										
- 8	229-50-0202   1   M 2   XF   57   YRS.   MONTHS   DAYS   HOURS   MIN.   Dec.   17, 1938   Virgin											
	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH											
DIRECTOR	Fort Washington Hospital Fort Washington Prince Geo	rge's										
E	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.	INSIDE CITY										
	Maryland Prince George's Fort Washington	YES 2X NO										
FUNERAL	100. STREET AND NUMBER 1231 Van Buren Drive 101. ZIP CODE 109. CITIZEN OF WHAT CO U.S.A.	OUNTRY?										
2	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE — An	nerican Indian,										
BY FL	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Ricen, stc.)  FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Ricen, stc.)  Black, White Specify: Specify:	ite										
	15. OECEDENT'S EDUCATION 169. OECEDENT'S USUAL OCCUPATION 160. KIND OF BUSINESS/INDUSTRY	100										
COMPLETED	(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use retired.)  [Give kind of work done during most of working life. Do NOT use retired.)											
MPI	4 Secretary Private Industry											
00	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surneme)											
BE	Charles Vardell Williams Charlotte Woods											
2	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)											
	Russell Barnes 9408 Firtree Park St. Capitol Hgts., Md.2											
	20c. METHOD OF DISPOSITION  1 12 Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20c. Delace AND Date of Disposition (Name of Competent or other place)  Park 3/17/96 Danville, Virg											
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY											
į.	George P. Kalas Funeral Home	00745										
	23. PART I. Enter the piscases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest,											
	shock, of heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition	Onset and Dasth										
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate											
AT	csuse. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury Due TO (OR AS A CONSEQUENCE OF):											
FT	resulting in death) LAST											
S	DARY II Other significant conditions containable to death but not resisting in the residual to the first party in the first par											
PHYSICIAN: MEDICAL	PERFORMED? AMAIL	ABLE PRIOR TO PLETION OF CAUSE										
ă		EATH?										
M		YES 2 I NO										
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PUNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
10	EXAMINER? HOSPITAL: , OTHER:											
ΗXS	1 UPS 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY  28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO											
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?											
ВУ	2 Accident investigation 28a PLACE OF INJURY — At home form street factory office 28a PLACE OF INJURY — At home form street factory office	Vumber.										
	3 Suicide 8 Could not be 4 Homicide determined 250 PLACE OF INJURY — At nome, term, street, factory, ornice building, stc. (Specify)											
COMPLETED	29s. CERTIFIER . W CERTIFYING BUYCICIAN, To the band of											
MP	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and	manner se steted										
8												
BE	29d. DATE SIGNED (Month											
TO	Oronia Jentes no D39973 3-13-	46										
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	,										

WAR I T. 1990 IL Mountaine

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 09021

					Cei	rtificate	of	Death		R	eg. No.			
Dhusis		1. Decedent's Nama (First, Middle, La	st)							2. Data of Deal Month	-	Yaar	3. Tim	ne of Death
Physici /Medi		Helen Mar:	ie E	Brennan						March	5, 1996		4	:33 AN
Examir		4a. Facility Nama (If not institution, give		nber)				4b. City, To	wn, or Lo	cation of Death	4c. County	of Death		
		Suburban Hospital	L					Behte			tgome:			
Funeral Director		074-03-0031	Sax I□M 2XDF	7. Aga (In yrs. last b 81	irthday) Yrs.	If Under 1 Months	Days Days	If Undar Hours	24 Hrs. Min.	8. Data of Birth (Month, Day May 8,	Year) 1914	9. Birthpi Coun Net	aca (State) W Yo	ate or Foreign
pur *		Usuai Rasidanca of Decedant  10a. Stata 10b. County	· · · · · · · · · · · · · · · · · · ·	10c. City, Tox	wn or Lo	ocation						11	Od Inek	da City Limits
Ba-f sho	Director	New York Ononda	ga	Syra										Yas 2□No
23a or 2		10e. Street and Number 148 Hancock Drive	e		101. Zip Coda 13207						Og. Citizen of United			
7 72 hours after death with the Maryland "netural", or flems 23e or 28e-f show softest Exactine must be notified at	by Funeral	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Dece Armad For 1  Yas If Yas, Giv Yaar or Da	2X No a		Was Deceda If Yas, speci 1 ☐ Yas 2	fy Cub	an, Maxicar	n, Puarto I	cify Yas or No- Rican, atc.)		ce - Amaric ck, Whita, a		
72 ho	ted	15. Decedant's Ed (Specify only highast gra	ducation	166	. Dece	dant's Usuai	Occup	pation	t of worki	00	16b. Kind of B	usiness/ind	dustry	
within 72 nd liene. r than "natur ir a Medical	Completed	Elamentary/Secondery (0-12)	Collega (1	-4or 5+)	lifa.	kind of work DO NOT use			t Of WORK	ng				
filed within Hygiene. ither than "	Con		1			Homen	nak	_				Home		
ntal Hygi d other event, t	Be	17. Fathar's Nama (First, Middle, Last,						18. Motha		(First, Middla,		na)		
	70	Merrill Callagha	n ————											
27 le		Merrill Callaghan  Frances Gorman  19a. Informant's Name/Raletionship (Type, Print)  Susan Schill  19b. Malling Addrasa (Street end Number or Rural Routa Number, City or Town, Stet 8208 Hamilton Spring Court Bethesda												Land
rages I an nent of Heal int: If item 2 iry or other		20a. Method of Disposition  1												
Department of Important: If it any injury or once.		21. Signatura of Funaral Sarvice Licer	·	100		2. Nama and				lan Bro				
		Other	7.14	coolde	V.					Street		cuse,		
Physician /Medical Examiner		23a. Part1. Enter the disease, or com shock, or heart failure. List only Immediate Causa (Final disease or condition resulting in death)	a. CAF	RUD TOGE	VIC	SH						1	Approx Interval Onset	Batween and Death
nd ransit	Examiner	Sequentially list conditions.	b.	ROIVMYO  Dua to (or as a	MA	147						4	241	7
e exe ian ai urial-t		Sequentially list conditions, if any, leading to Immediata cause. Entar Underlying Cause (Disaasa or Injury								i				
enincate be executed ling physician and se as the burial-transit	Medical	at initiated evants suiting in death) Last  Dua to (or as a consequence of):												
다 은 백	\$		d											
ed for u	cia	Dort II. Other elemitioned conditions of	contributing to death but not resulting in the underlying cause given in Part I.							10h Did tahana una ambihuta ta tha anu				use of death
ed by the detacher	/ Physician	Part II. Other alignificant conditional c	ontributing to de	ath but not rasulting	in tha u	ndanying ca	usa gn	van in Part i	•	23b. Did tobacco usa contributa 1 Yas 2 No 3 Pr				4 Unknov
requires wen sign hould be	Completed by									24a. Was a perfor	in autopsy med?	ave	allable p	psy findings vior to n of cause
The law ate has to page 2 s	F										4			
		OF Man and ordered to see that								1 Y		11	Yas	2 No
this certific ral director,	o Be	25. Was case referred to medical axaminar?	Hospital: ,				Oth	her		(Check only or		40 14		
h. After th funeral		1 Yas 275 No  27. Megnar of Death 1 120 Neturel 5 Pending investigation	28a. Data o (Mont)	npatient 2 ER/C of Injury h, Day Year) 28b.	Tima o' Injury		k j lc. Inju Wo	4 L N	:	ma 5 ☐ Raside 28d. Describe h			1)	
efter death. Director: After	Certification:	2 Accident invastigation 3 Sulcida 6 Could not b 4 Homicida determined	e 28a. Piace	of Injury - At home, ing, atc. (Specify)	erm, str					28f. Location (S City or Tow	treet and Numi n, Stata)	ber or Rura	l Routa	Number,
within 24 hours after To the Funeral Directory completely filled in	edical Co	29a. Cartifiar (Check only one) 115 Cartifying Ph	yalcian: To the ninar: On tha be and mann	best of my knowledges of axamination a par stated.	a, daath nd/or in	h occurred a vastigation, i	t tha ti	ma, data an opinion, daa	d place, a	and dua to tha c ed at tha tima, d	ausa(s) and m lata and placa,	annar as st and dua to	ated.	JS <b>0</b> (S)
o the	Me	29b. Signature and title of certifiar				29c.	Licans	sa number		2	9d. Data signe			ar)
7		> Nallans	MP			1	02	922	9		3/	8/9	6	
9/		30. Name and addrass of person who	completed caus	e of deeth (Item 23e)	(Type,	Print	SCC	NSLOU	Ne.	Chevy	Chase N	1020	1815	,
Sta	te	31. Data filed (Month, Day, Year)	32. R	agistrar's Signatura										

Registrar

BALTIMORE, MARYLAND 21215-0020

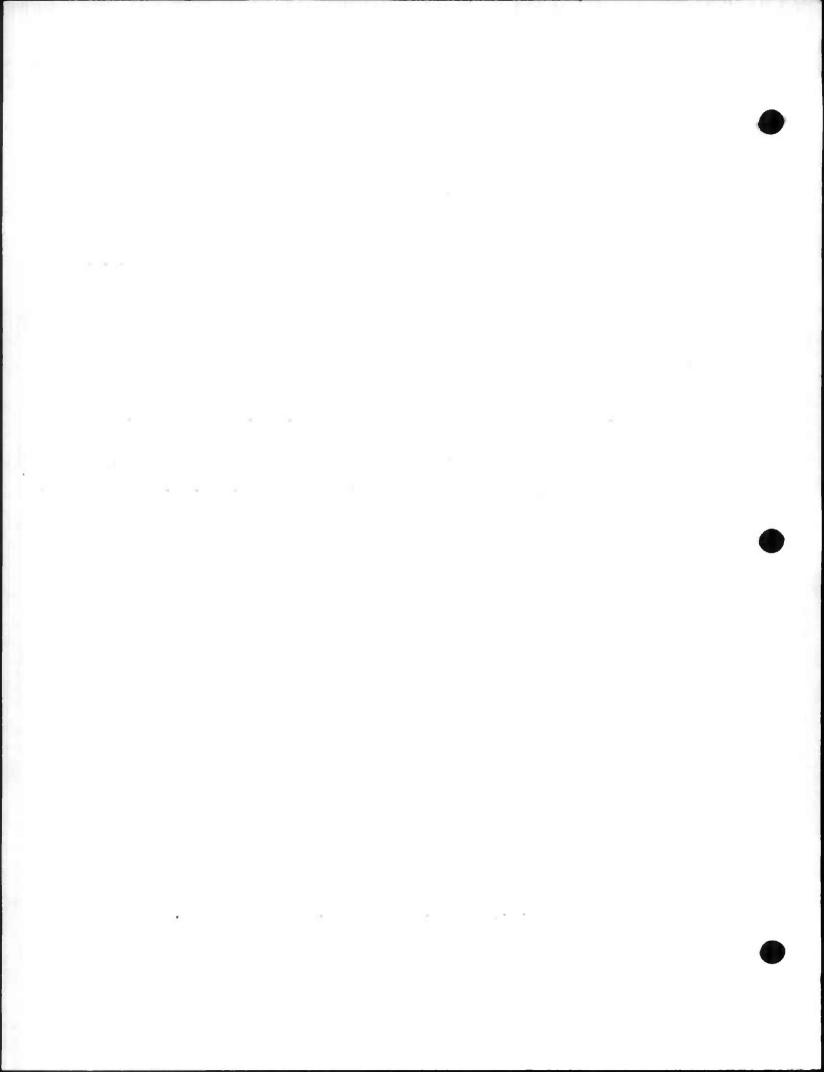
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 73 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND M	ENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Lest) RAMONA J(	OAN BRO	OOKS			2. DATE OF DEATH DATE OF MARCH 1	5 1996	3. TIME OF DEATH				
30 90	4. SOCIAL SECURITY NUMBER 578-46-0018	5. SEX 6. AGE (1		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS.	MARCH 15. DATE OF BIRTH May 30, 19:	A BIR	3:00 A M THPLACE (State or Foreign TO Diego, CA				
TOR	90. FACILITY NAME (If not institution, give st 9479 Muirkirk RESIDENCE OF DECEDENT			Laure	R LOCATION OF DEAT		9c. COUNTY OF					
DIRECTOR	10a. STATE 10b. COUNTY	e George's		own on Locat	ION		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 6108 Carswell Te	errace		101	ZIP CODE 207	46		WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 XWMdowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ZNO	13. WAS DEC	ecity Cuban, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	Spe	CE — American Indian, ct., White, etc.				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12th	Cation completed) Coffege (1-4 or 5+) N/A	16a. DECEDENT'S US (Give kind of work life. Do NOT use in Laundry	done during mo	DN st of working		SINESS/INDUSTRY	nd Hospital				
BE COM	17. FATHER'S NAME (First, Middle, Lest)  LOUIS Vigh				16. MOTHER'S NAME Ramo	(First, Middle, Maiden		Vigh				
10	190. INFORMANT'S NAME (Type/Print)  Cheri L. Fitzwat	er				ute Number, City or Town 102 Lau		20707				
	20a, METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remo		PLACEANDDATEOFO	placel			CATION — City or					
	21. SIGNATURE OF FUNERAL SERVICE LIQ	ANSEE ST		6633	Old Ale	x.Fry.Ro	d.,Clir	Maryland Home, Inc.				
	23. PART   Enter the diseases, or cashock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	interpolations that caused is only one cause on each	the death. Do not ach line.	enter the mo	da of dylng, such	es cardiac or respi	ratory arrest,	Approximate Interval Between Onset and Death				
CERTIFICATION												
PHYSICIAN: MEDICAL C	PART II, Other significant conditions	contributing to death be	ut not resulting in t	ha underlying	cause given in Pa	24a. WAS AN PERFOR	IMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
AN: N	DID TOBACCO USE CONTR				UNCERTAIN			1 TES 2 NO				
SICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Output		THER:  Nursing Home	Sesidence 8	Other (Specify)						
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME O	y wo		8d. DESCRIBE HOW IF	NJURY OCCURED					
	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY building, etc. (Speci	— At home, term, streety)	et, lectory, office	2	8f. LOCATION (Street a City or Town, State)	and Number or Rural	Floute Number,				
COMPLETED		CIAN: To the best of my knowled R: On the basis of examination						(a) and manner as stated.				
TO BE 0	296. SIGNATURE AND TITLE OF CERTIFIER		4		290 LICENSE NUMBI	29	29d, DATE SIGNE	O (Month, Ohy, Mar)				
		M.D., 605	E.Charl		, La Pl	ata, Md	2064	-6				
	MAR 1 9 1996	32. REGISTRAR'S SIGNA	LEAN RANGELL									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

96	0	90	2	3
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		RTMENT OF HEALTH AND ME	NTAL HYGIENE REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)		DATE OF DEATH 3. TIME OF DEATH											
	Mildred Elizabeth Brown	м	month pay 1996 8:00 PM M											
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthda		DATE OF BIRTH (Month, Day, Year)  8. BIRTHPLACE (State or Foreign Country)											
	153 - 32 - 8825 1□ M 2 ☑ F 53 YRS	MONTHS DAYS HOURS MIN.	ember 11, 1942 Michigan											
~	9e. FACILITY NAME (If not institution, give street end number)	9b. CITY, TOWN OR LOCATION OF DEATH	9c. COUNTY OF DEATH											
DIRECTOR	4899 Pulaski Highway	Perryville	Cecil											
EC	RESIDENCE OF DECEDENT	ITY, TOWN OR LOCATION	10d. INSIDE CITY											
DIR		erryville	LIMITS?  1 □ YES 2 ☑ NO											
	10e. STREET AND NUMBER	101. ZIP CODE	10g. CITIZEN OF WNAT COUNTRY?											
FUNERAL	4899 Pulaski Highway	21903	United States											
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPANIC	PRIGIN? (Specify Yee or No. 14. RACE — American Indian.											
ВУ Б	1 ☐ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☒ Divorced  FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexican, P  1  YES 2  NO Specify:	werto Rican, atc.)  Black, White, atc.  Specify: White											
TE	(Specify only highest grade completed) (Give kind	S USUAL OCCUPATION  If work done during most of working use retired.)	16b. KIND OF BUSINESS/INDUSTRY											
7	Elementary/Secondary (6-12) College (1-4 or 5 +) TO COC	-	Boy Scout Camp											
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		First, Middle, Meiden Surname)											
	Robert Kiermeier		iden name unknown)											
) BE		IG ADDRESS (Street and Number or Rural Route												
5			, Paulsboro, New Jersey											
	20a. METHOD OF DISPOSITION 20b. PLACE AND DAT	EOF DISPOSITION (Name of	DATE 20c. LOCATION — City or Town, State											
	4 Donation 5 Other (Specify) R. A. Fe	rris Crematory 3	11/96 West Chester, Penna.											
	21. SIGNATURE OF THERAL SERVICE CICENSEE	22. NAME AND ADDRESS OF FACILITY Crouch Funeral I	TY											
	Woherf H Crox		Street, North East MD 21901											
	23. PART I. Enter the diseases, or complications that caused the desth. Deshock, or heart failure. List only one cause on each line.	not enter the mode of dying, such se	csrdiac or reapiratory arrest, Approximsta											
	IMMEDIATE CAUSE (Final disease or condition A. M. A. T. T. C.													
	reaulting in death)	he Corcins	ma la											
	OUÈ TO (OR AS A CONSEQUENCE	OF):	0000											
CERTIFICATION	Sequentially list conditions, Due 10 (OR AS A CONSEQUENCE	ames of ad	renal grang											
A	cause. Enter UNDERLYING	rito un	telemend											
Ĕ	that initiated events	ory:												
FRI	resulting in death) LAST													
	PART II. Other algorificant conditions contributing to death but not resulting	In the underlying cause along in Dec	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2											
CAL	against to the local field of the local field for the local field	in this underlying cause given in PSF	PERFORMED? AMAILABLE PRIOR TO											
MEDIC			1 Tyes 2 No COMPLETION OF CAUSE OF DEATH?											
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH	'ES   NO   UNCERTAIN [	1 - YES 2 NO											
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DI	ATH (Check only one)	-											
Sic	EXAMINER?  1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER:	Other (Specify)											
PHYSICIAN:	(Month, Day, Year)		I. DESCRIBE HOW INJURY OCCURED											
BY	1 Ratural 8 Pending 2 Accident Investigation	M 1 YES 2 NO												
	3 Suicide 8 Could not be 4 Homicide determined	, atreet, factory, office 28	LOCATION (Street and Number or Rural Route Number, City or Town, State)											
E.														
APL	29e. CERTIFIER (Check only one)  One)  The control of the best of my knowledge, death occurrence of the best of th													
COMPLET	2 MEDICAL EXAMINEN: On the basis of examination end/or investige	ion, in my opinion, death occured at the time	, date end place, end due to the cause(e) and manner as stated.											
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)											
5	- magnes	11/2/9	3/11/46											
_ 11		o Orient)												
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Ty	Harris Harris II	1000 11.000											
	JOHN D. YUN MD	Howede	grade. MD4020											
	31. DATE FILED MOOTH Day Year 1996 July Day Randall	Howede	grade. 404020											

DIVISION OF VITAL RECORDS, P.O. BOX 68760

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

-		1. DECEDENT'S NAME (First, Middle, Last)	6			TOATE	-	DEA		2. DATE OF DEATH	1	3	. TIME OF DEATH	
		Verna	E. Bo	Wei						March	4/	1996	9:45 P. M	
		4. SOČIAL SECURITY NUMBER 176-01-3793	5. SEX 6. A	GE (In yrs. las	t birthday)	IF UNDER I	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year	7000	Country)	ACE (State or Foreign	
Should		176-01-3793  1 M 2 F 86  1 PRS. MONTHS DAYS HOURS MIN. AUG. 7, 1909 PENNS  90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATN  90. COUNTY OF DEATN  90. COUNTY OF DEATN										YLVANIA		
, 2, 3 sh	TOR	NATIONAL LUTE		E				VILI		AIN		TGOME		
r. Pages 1	DIRECTOR	PA . 10b. COUNTY YORK		10c. CITY, TOWN OR LOCATION YORK					<del></del>			Dd. INSIDE CITY LIMITS?  X YES 2 NO		
permit.	IAL	10e. STREET AND NUMBER			101. ZIP CODE						10g. CIT	TIZEN OF WHA	**	
nsr.	NERAL	750- KELLY DE		17404							S.A.			
Z15-UUZU attending physician. se as the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Nover Married 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 TA		11	yea, sp	ENDENT O	n, Mexicen	IC ORIGIN? (Specify n, Puerto Ricen, etc.	Yes or No-	14. RACE — Black, W Specify:	American Indian, White, etc.	
	밀	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON set of workin	-	16b. KIND OF	BUSINESS/IN	DUSTRY		
b spital o	COMPLET	Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	iite.	Do NOT us	oe retired.)			9		COSMI	ETICS		
be det	ш	17. FATHER'S NAME (First, Middle, Last) GEORGE RAFFEN							ME (First, Middle, Mail BETH DI					
be retained ge 5 should e notified	TO B	198. INFORMANT'S NAME (Type/Print) REV.DR. RICHARD	REICHAR	D 198	9701	ADDRESS - VE	(Street a	nd Number S DR	or Rural R	cute Number, City or ROCKVIL	Town State, Zi	p Code) D • 208	50	
6 may ctor, pa		20e. METHOD OF DISPOSITION    No.   Description   Descript												
Seath. P funeral xamin		SIGNATURE OF FUNERAL SERVICE LICE     W. M. J.	NSEE			22. N	IYS	ONG	CO.	, INC.				
cal cal	$\vdash$	23. PART I. Enter the diseases, or co	mplications that cau	sed tha da	ath. Do n	not entar t	ha mo	de of dyl	ng, auch	. , N . W . ,	WASE	I., DC	Approximate	
fille ion,		23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Batween Onset and Daeth disease or condition resulting in death)  a. STYOTE												
completely ial, cremati, t		DUE TO (OR AS A CONSEQUENCE OF):												
and and bur hatle	LION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
ficate be physician ne prior to	ICAT	r any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):											-	
ending Hygie	ERTIF	that initiated events resulting in death) LAST	DOE TO (OR A	S A CONSEC	JUENCE OF	-):								
The day	AL C	PART II. Other algnificant conditions	contributing to deat	h but not re	esulting I	In the und	larlyin	g cause g	lven in F	Part I. 24a, WAS	AN AUTOPSY		ERE AUTOPSY FINDINGS	
amy and	DICA	De	mentia							PERFORMED?  1 □ YES 2 340.			MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
requires been sign of Healt	ME	DID TORACCO LISE CONTRI	DUTE TO CAUCE	OF DEA	TII VE	·	107	1,11,10		_		1 [	YES 2 NO	
23 Pept 23	SICIAN:	DID TOBACCO USE CONTR	IBUTE TO CAUSE			N (Check or		L UNC	ERIAIN					
HAN: The rifficate he State I or Item	SIC		HOSPITAL:	Outpatient 3	□ DOA	OTHER:		e 5 🗆 Re	aldenca 8	3 Other (Specify)				
J 도 플 등 81	ву рну	27. MANNER OF DEATN    Dending   5 Pending   2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea		28b. TIMI		28c. INJ WO	URY AT		28d. DESCRIBE HO	W INJURY OC	CURED		
TTENDI TOR: A after de	E I	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF INJU building, atc. (S	JRY — At hor Specify)	me, farm, a	itreet, factor	ry, offic	•		281. LOCATION (Stree City or Town, St	et and Number ete)	r or Rural Route	e Number,	
L DIREC L DIREC Phours	PLE	290. CERTIFIER CCHECK ONLY	AN: To the best of my kr	nowledge, der	eth occurre	ed at the tim	ne, date	and place,	and due t	to the cause(a) end	manner ae sta	rted.		
HOSPITAL FUNERAL Within 72 TANT: II	COMPL	000) 2 MEDICAL EXAMINER:											nd manner ee stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	TO BE	296 GIGHATURE AND TITLE OF CONTINUES						29c. LICE	NSE NUME	S8	29d, DAT	E SIGNED (MG	96	
2		30. NAME AND ADDRESS OF VERSON WHO	CONFERENCE OF CAUSE OF	DEATH (ITEM	\$51	Print)	11/	edle	bro	ok Rd	Ger	mante	aun mo	
		MAR 1 4 1996	P. REGISTRAR'S S	GNATURE	4								7	

Sales Committee of the 
ITEM: 5. PER F'.H. FILM G-735 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6

09025

	3/23/30						Cen	tificate	of De	ath		Reg. N	ر No.	0	0 0	020
			1. Decedent's Nama (First, Mid	die, Last)							2. Dete of D	eath		V	3. Tir	ne of Death
	Physic /Medi		Leon			Bungi	6				Month March	11	Day , 199	Year 6	10	:00 a.
3	Exami		4e. Fecility Neme (If not institut	on, give street	and number)	Dunga			4b. C	ity, Town, or L	ocation of Dee	1	c. County		10	.00 4.1
			Washington A	dventis	t Hosp	ital			Та	koma P	ark		Monts	omer	-37	
Н	Funeral		5. Social Security Number	6. Sex		e (In yrs. last t	birthdey)	If Undar 1 Y	aar If l	Jndar 24 Hrs.				_		teta or Foreign
	Director.	2	3797-18-2979 Usual Rasidence of Decedant	₹CXM 2	2 F	78	Yrs.	Months D	leys H	ours Min.	Feb. 2	25,	1918	Ma	ryla	and
	Mand Mand		10a. Stete 10b. Coun	ly		10c. City, To	wn or Loc	ation						1	IOd. Insi	de City Limits
	Me.	ō	N/A N	/A		Was	shino	ton, I	) C						10	Ves 2□No
	28s	Director	10e. Street end Number		J			10f. Zip Co				10g. (	Citizan of V	Whet Cour	ntry?	
	3a o		5022 Sargent	Road NF	1			20	0017						•	
	Jaeth Tra 2	lera	11. Marital Stetus		as Decedant I	Evar In U.S.	13. W			nic Origin? (Sc	ecify Yas or N	0-	USA 14. Rec	a - Amario	can Indie	en.
Maryland 21215-0020	4 within 72 hours efter deeth with the Meryland glene. r than "natural", or flema 23a or 28a-f show the Mexical Examiner must be notified at	by Funeral	1 ☐ Never Merried 2 ☐ Ma	arriad 1 [	med Forces? XYes 2 □ N Yes, Give aar or Dates:			Yes, specify o	_	Hispenic Origin? (Specify Yas or Noban, Maxican, Puarto Rican, etc.)  Specify:			Specify: B]			
9	2 ho	Completed	15. Deceda	ent's Education			a. Decede	ent's Usuel O	ccupation			16b.	Kind of Bu	usiness/in	dustry	
215	hin 7	음	(Specify only high Elementary/Secondery (0-12)		pletea) ollege (1-4or 5	i.a.)	life. D	O NOT usa re	ona durin <sub>i</sub> etired)	g most of work	ang					
2	new York has been	P.	11		3110g0 (1 401 0		Ink	Mixer				Fe	deral	L Gov	ernn	ient
pu	e filed of hygin other vant, n	Be	17. Father's Neme (First, Middle	, Last)					18.	Mother's Nem	e (First, Middle	a, Meide	en Sumen	ne)		
100	should be and Mentel I marked or umatic ava	ToE	Clarence	C.	Bungi	e			G	race			Gr	coss		
any	2 shot end N is mai		19e. Informent's Neme/Reletion	iship (Type, Pi	rint)	19	9b. Meiling	Address (St	treet and i	Number or Rui	rei Route Numi	ber, City	y or Town,	Stete, Zip	Code)	
	nd 2 silth er 27 is r treu	1	Leon Ellis Bung	gie. Sr	./son	1	1944	Villao	o Gr	een Dr	ivo In	ndo	ver,	MD 2	0705	
Baltimore,	ges 1 and 2 should be filed to the filed to the filed Mentel Hyge file marked other or other traumatic avant,		20e. Method of Disposition			20b. Plece	of Dispos	Ition (Nema o	of	cen Di.	Date		Location -			
JUO	Pages nent of I ant: If its ury or o		1  Buriel 2  Crametion 4  Donetion 5  Other		al from State			etory or othar			116106	_		_		
三	rtan		21. Signeture of Funeral Service			Carro		estern		. 3,	/16/96	P	rince	Fre	deri	lck, MD
Ba	permit. Page: Department of Important: If I any Injury or 2002.		Sponce	rE.	Sen	rell					well Fu Princ				MD	20678
Н			23a. Part1. Enter the disaesa, shock, or heert feilura. Li	or complication	s thet caused	tha deeth. Do	o not ente	r the moda of	f dylng, su	ch es cardiec	or respiretory	errast,			Approx	dmeta I Between
V.	Physician					-		٨							Onset	end Deeth
	/Medical Examiner		immediata Causa (Finel disaasa or condition		Ange	\ V	-	Hden	ma	m win	(com 0)	0, 1	ma	1	12	95
в	Examine	١. ا	resulting in deeth)	a		Due to (or es	e consequ	ience of):	1	77	41.17	+	, , ,			
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	oute nd trans	Examiner	Sequentielly list conditions,	D	Due to (or es e consequence of):  Due to (or es e consequence of):											
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68760,	ortificete be executed ing physician and as the bunal-transit	edical	Ceuse (Disaese or Injury thet initieled evants resulting in deeth) Last Dua to (or as a consequence of):													
	diffice as th	Med	resoluting in openin Last		244 10 (4) 40 4 40 110 440 1140 51/.								į			
OX	eath certific attending pl			d												
Ö	that the death ed by the atter deteched for u	Physician/	Pert II. Other significant condit	lons contributi	ng to deeth bu	at not resulting	in the unc	deriving caus	a givan in	Pert I.	23b. Dlo	tobaco	CO USE CO	ntribute 1	o the ca	use of death?
P.0.	t the	hys				•			a grown ar				2□ No			4 Unknow
S, F	as tha igned be dei	ру Р	DIABE	TES	EN F	CLIC	INI					,	20110	1	56.51	4 E 0 (1) (1)
Records	iew requiras that the death ce les been signed by the attendi s 2 should be deteched for use	eted k	ANDER	TEN	SIUN						24e. We	s en eu iormed?	topsy	av	allable p	psy findings prior to n of cause
	0 - 5	Completed	4E ~4			Car	16	c >			1 🗆	Yas	2 200	of	death?  ☐ Yes	
Viital	iclan: The certificata rector, pag	Bec	<ol><li>Was case referred to medic</li></ol>	al	,,,,,	111.6	1.50	/	26.	Placa of Daal	h (Check only	one)				
>	s cel	0	exeminer? 1 ☐ Yes 2 ☐No	Hospite	el: \SAmpatia	nt 2 ER/C	Outpatient	3□ DOA	Othar		oma 5□Res		8 DOth	er (Specif	h)	
Division of	or Attending Physician: after death. Director: After this certification by the funeral director,	n: T	27. Menner of Death		. Date of Injur	y 28b	. Time of	28c.	Injury et		28d. Describe				,,	
0	offin Hth.: Aft e fur	atle	2 Accident 5 Pand	ing tigation	(Month, Day	rear)	Injury		Work? 1 ☐ Yes	2 □ No						
SIS	or Attending Fatter death.  Director: After I in by the funer	Certification:	3 ☐ Sulcida 6 ☐ Could	d not be	. Pleca of Inju		farm, stree	et, fectory, of	fice		28f. Location			er or Run	si Route	Number,
á	afte Dir	ert	4 Homicida		bullding, etc	. (Spacify)					City or To	own, Ste	ete)			
	Hospita 24 hours Funeral staly filled		29a. Cartifier	Ing Physician:	To the best o	f mv knowlade	oa. daath o	occurred at th	na tima, da	ate end pleca.	and dua to the	causa	(s) and ma	annar as s	tated.	
	24 h	edical	(Check only 2   Medica	I Examiner: O	n the basis of	axamination e	end/or inva	stigation, in r	my opinio	n, deeth occur	red et tha tima	, deta a	ind place,	and due to	the cer	use(s)
	To the Respital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	Me	29b. Signatura end title of certif					29c. Lic	cense nur	mber		29d. [	Dete signe	d (Month,	Dey, Ye	er)
	->-0		1 1 1					1	19	971			le c	1	10	•
	10		20 Name and add		ad as 10 miles	-0. //-	) (T	<u> </u>	1 1	( ' )			- 2]	11	17	
	10		Y. SVDANKA	2 7	610	CARIS	uce t	A. K.	1230	, TP	komf	(	PAR	k. ,	1)2	0912
	Sta Registr		31. Deta filed (Marth, Day, Yea	1996	32. Registra	r's Signeture	Rardal	4								

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State of Maryland / Department of Health and Mental Hygiene

96 090

						Cer	tificate d	of Death	R	eg. No.	20	03050	
			1. Decedent's Neme (First, Middle, La	ist)					2. Dete of Dee Month	h Dey	Year	3. Time of Death	
	Physici /Medic		Walter		Bro	oks			March		1996	3:10 pm	
Ď	Examir		4e. Fecility Neme (If not institution, gir	re street and number)				4b. City, Town, or	Location of Deeth	4c. Count	y of Death		
100			2114 Adelina Ro	ad				Prince Fr	ederick	Ca	lvert		
	Funerai Director			Sex 7. Age	e (In yrs. las 6.5	t birthdey) 5 Yrs.	If Under 1 Ye			Yeer) 1930	9. Birthp Coun Ma	olece (State or Foreign ntry) ryland	
	pg &		Usuel Residence of Decedent  10e. Stete 10b. County		100 City 1	Town or Lo	nation					Od. Inside City Limits	
	sho	'n	Maryland Calve	r t				1		1 ☐ Yes 2 🕅			
	28s-i	Director	10e. Street end Number	L L	1	TINCE	Frede			ntry?			
	With with		2114 Adelina R	nad				678	-	nt y t			
	ter death with the Maryland thems 23a or 28a-f show ther must be notified at	Funeral	11. Meritel Stetus	12. Wes Decedent I		13. V		of Hispenic Origin? (S Cuben, Mexican, Puer	Specify Yes or No-	US.	A ce - Americ	an Indian,	
	or he	þ	1 Never Merried 2 M Merried 3 Widowed 4 Divorced	Armed Forces?  1 Yes 2 Yes if Yes, Give Yeer or Detes:				Cuben, Mexican, Puer No Specify:	to Rican, etc.)		ock, White, by: Blac		
<u>ဂ</u>	72 hours "natural", ofical Exa	Completed	15. Decedent's E (Specify only highest gr	ducation		16a. Deced	lent's Usuel Oc	cupation one during most of wo	urking	16b. Kind of E	dusiness/in	dustry	
7	ithin	npie	Elementery/Secondery (0-12)	College (1-4or 5	5+)	life. L	OO NOT use re	tired)	rking				
.4		Coc	7			La	borer	1.0.1.			struct	tion	
	a a b	Be	17. Father's Neme (First, Middle, Last						me (First, Middle, i				
>	공조들법	T <sub>o</sub>	Albert 19e. Intorment's Neme/Rejetionship	Broo		10h Mallie	a Address (Ch	Helen reet end Number or R			Parker		
Mar	ind 2 sh aith and 27 ia m r traum		Elizabeth Brooks/v				-	a Road Pr					
ค์	~ ? E E		20e. Method of Disposition	/ire	20b. Pled	a of Dispo	sition (Neme o	f		20c. Location			
0	m D - L		1 Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci				Mem C		3/18/96	Dunleda	-1- MI		
saltimore,	permit. Page Department Important: if any Injury or once.		21. Signature of Funerel Service Lice		Sout		Mem. Ga			Dunkin		,	
ä	Ded Proposed		1 Somme C	2	- 01			. 2	ewell Fu			k, MD 20678	
	_		23a. Part1. Inter the disease, or com	plications that caused	the deeth.						ier ici	Approximete	
₹.F	hysician		shock, or heert teilure. List only	one cause on each lin	ne.							Interval Between Onset end Deeth	
1	/Medical		Immediate Cause (Final disease or condition	Diches	1111		NN1	11.1.1	hrom	-	!		
	Examiner		resulting in deeth)	e. 0 - 0 - 0	Due to (or e	s a conseq	uence of):	i c				-	
	D #	ine		arter.	in-s	cch	Peral	10 Con	gione	Len	lar		
	icate be executed physician and s the buriel-transit	Examiner											
֝֟֝֟֝֟֝֟֝֟֝֟֟	be e		Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events  Due to (or es a consequence of):  Due to (or es a consequence of):  Due to (or es a consequence of):										
09/89	certificate be nding physicia use as the bur	Medical	thet initiated events resulting in deeth) Lest  Due to (or es e consequence of):										
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מ	deeth e etter ed for u	iciai	Port II Other elemitians conditions	and the street of a death by		an la tha	deckdes some	/	noh Dida			the same of death 9	
? ,	the c	Physician	Pert II. Other significant conditions of	ontributing to death bu	ut not resultii	ng in the ur	idenying cause	given in Pert I.				the causs of death?	
ν, L	s the	by P							,,,,	2010	00.10	,	
cord	v requires that the deeth cert been signed by the ettendin should be deteched for use	be							24e. Wes e		av	ere autopsy tindings eilable prior to	
ပိုင်	as be	Completed									co	impletion of cause deeth?	
E ,	The ate he	POC							1 🗆 Y	s 20XNo	10	☐Yes 2☐ No	
Mai	slan: artific actor,	Be	25. Wes case referred to medical examiner?					28. Place of De	ath (Check only or	e)			
	hysic his o	2	1 ☐ Yes 2 No	Hospitel: 1 Inpatie		?/Outpetien			Home 5 A Reside			(ע	
	Ing P	on:	27. Menner of Deeth 1 XNeturel 5 ☐ Pending	28a. Dete of Injur (Month, De)	ry Year) 28	Bb. Time of Injury		njury at Work?	28d. Describe h	ow injury occu	rred		
VISION OF	Attending Physician: It death. Sctor: After this certific by the funeral director,	Icat	2 Accident investigetlo 3 Sulcide 6 Could not b			- 6		1 ☐ Yes 2 ☐ No	206 Lagation (C	least and Atum	har or Dun	al Cauda Alumbar	
5	Of A Oline of In by	Certification:	4 ☐ Homicide determined	28e. Plece of Inju- building, etc	ury - At nome c. <i>(Specify)</i>	e, term, stre	eet, rectory, on	ICB .	City or Town		Der or Hura	al Route Number,	
	to the floeptial or Attending Physicien: The law within 24 hours efter death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	edicai C	29e. Certifier 1 Certifying Pt (Check only one)	nysician: To the best of miner: On the basis of end menner ste	examinetion	edge, deeth n end/or Inv	occurred et th	e time, dete end plece ny opinion, deeth occ	e, end due to the curred et the time, d	euse(s) end m ete end pieca	enner es s' , end due to	tated. o the cause(s)	
	o the	Me	29b. Signeture end title of certifier	1	1		29c. Lic	ense number	2	9d. Dete sign	ed (Month,	Dey, Year)	
'	- 5 - 0		- anad	1/1/1	5.			D12705		2/14	11.0	91	
,	5		30. Neme and address of person/who	completed cause old	eth (Item 2:	3e) (Type. I	Print)	214,03		511/	1111	16	
			Emad AlBanna,					Prince Fre	derick.	MD			

State

Registrar

31. Date tiled (Month, Day, Year)

32. Registrer's Signeture

MAR 1 8 1996 Julia Davidson Randall

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State of Maryland / Department of Health and Mental Hygiene 96 09027

						CE	erinicale	OI	Death		F	Reg. No.		
	Physic /Medi		1. Decedant'a Nama (First, Middle Myrtle Iren		s						2. Data of Dea Month March	16, 199	Year 6	3. Tima of Death
	Exami		4e. Facility Nama (If not Institution	n, giva street and no	um <i>ber)</i>				4b. City, To	wn, or L	ocation of Deeth	4c. County	of Death	
			Calvert Memo				Princ	e Fr	ederick	Calv	ert			
	Funeral Director	Γ	5. Sociel Security Number 212-32-3737	6. Sex 1 ☐ M 2 ☒ F	7. Aga (In yi 86	rs. last birthday Yrs.	) If Undar 1 Months	Yeer	If Under			25,1909		place (State or Foreign aryland
	p .	1	Usual Residence of Decedant  10e. Stata 10b. County 10c. City. Town or Location											
	with the Maryland is or 28s-f show Lbs notified at	ctor		lvert	10c.	10c. City, Town or Location  Huntingtown								10d. Inside City Limita 1 ☐ Yas ※XNo
	0 × 28	Directo	10e. Street and Number				10f. Zip 0	oda				10g. Citizen of 1	Whet Cou	ntry?
	W ES	al D	4930 Solomons	Island Ro	ad		20	63	9			USA		
0	d within 72 hours after death with the Marylar plane. I than "natural", or Items 23e or 28e-f show the Medical Examiner must be notified at	Funeral	11. Maritel Stetus  1 Naver Married 2 Man	U,S. 13.			gin? (Sp , Puerto	pecify Yas or No- o Rican, atc.) 14. Race - A Black, N			American Indian, Vhita, atc.			
02	E F	Be Completed by	3 Widowed 4 □ Divorced	1 ☐ Yas 2 ◯ No Specify:						Specify	· Bla	ick		
21215-0020	within 72 hours after ene. than "natural", or Its he Medical Exemine		15. Decedan (Specify only higher Elamentary/Secondery (0-12)		) (1-4or 5+)	16a. Decedant'a Usual Occupation (Giva kind of work done during most of working life. DO NOT usa retired)						16b. Kind of B	vsinaas/In	odustry
2	The state		7	Collaga	(1-401 5+)		Domes	ti	c Sc			Someone	meone else's home	
	<b>新花製具</b>		17. Fethar'a Nama (First, Middla,	Last)				18. Mothe	r's Nam	a (First, Middla,				
ä	4 4 4 4	To B	John D	. Gr	oss				Rosa	ı	E.	Smitl	1	
Maryland	2 sho and a ma	1	19a. Informent'a Name/Ralations Guila Jones/s				ling Addrasa (				al Routa Numbe		Steta, Zip	Code)
o o	# Head		20a. Method of Disposition		20b	. Pleca of Disp	osition (Neme	of			Data	20c. Location -	City or To	own Stata
Baitimore,	permit. Pages 1 and Department of Health Important If Item 27 any Injury or other th 2058.		1 ☑ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Othar (S	3 □Ramovel from pecify)	Stata P.	atuxent		ur	ch Cem			Hunting		
Sail	permit. Pa Department Importants any Injury once.		21. Signature of Funaral Service	Licensaa		- 2	22. Name end	Addre	ess of Fecilit	y Set	well Fur	eral Ho	ome	
ш	20289		Steenson	& Sou	200	14	51 Dar	es	Beach					, MD 20678
	Physician		23a Pant Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errast, shock, or heart failure. List only one cause on each line.											Approximate Interval Between Onsat and Death
)	/Medical Examiner		Immediata Cause (Finel disease or condition rasulting In daath)							ragi				
	pa its	iner	,	or as a conse	or as a consequance of):							Vac 1		
Ď,	e executian and urial-tran	i Examiner	Saquantially list conditions, if any, laading to immadiata causa. Enlar Undarlying Ceusa (Disaasa or injury c.											
x 68/6U,	certificata be executed nding physician and use as the burial-transit	n/Medicai	that initiated events rasulting in deeth) Last	(or as a consa	a consaquance of):									
J. BOX	a death c	Physician	Part II. Other algnificant condition	ot rasulting In tha underlying cause given in Part I.					23b. Did tobacco use contributs to the cat			o the cause of death		
, T.	s that the	by Phy										bably 4 Unknow		
Hecords,	The law requires that the death ate has been signed by the atte page 2 should be detached for	Completed t							24a. Was o	performad?		ere autopsy findings vallable prior to impletion of cause death?		
_	The la	ПО									1 🗆 Y	as 2 No	1[	□Yes 2□No
N I G		Bec	25. Was case rafarred to madical						26. Place	of Daat	h (Check only o	ne)		
	Physician: this certific ral director,	0	axaminar? 1 ☐ Yas 2 ☐ No	Hospital:	Inpatiant 2	☐ ER/Outpatie	ent 3 DOA	Ot	har		ma 5□Rasid		ar (Snacii	(v)
DIVISION OF	ding Phy th. After this funeral	tion: T	27 Mennar of Death  1 Natural 5 Pandin 2 Accidant Invastig	28a. Data (Mor		28b. Tima o Injury		tnju Wo			28d. Dascribe h			<i>y</i> /
DIVIS	i or Atter after des Director d in by the	Certification:	3 Suicida 6 Could in detarm	ined 200. Place	e of Injury - At ling, atc. (Spec	homa, farm, si cify)	treat, factory,	office			28f. Location (5 City or Tow		er or Run	al Routa Number,
	To the Hospital or Attending Is within 24 hours after death.  To the Funeral Director: After completaly filled in by the funer	edicai C	29a. Certifiar (Check only one)	g Phyaician: To the Examiner: On the b and man	e best of my kr basis of examin	nowledge, dee nation and/or Ir	th occurred at nvastigation, in	tha ti	ma, date and opinion, daal	d plece, th occurr	and dua to tha cred et tha tima, c	ause(s) end ma date and place,	inner as s and dua t	eteted. o the cause(s)
	of the omp	Me	29b. Signature and till of certifie	١	12.3		29c. l	icens	se number		Ta	29d. Date signe	d (Month.	Day, Year)
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State of Maryland / Department of Health and Mental Hygiene 96 09028

							Ce	ertific	ate of	Death	7		Reg. No.			
			1. Decedent's Nam	na (First, Middia,	Last)							2. Data of Dec		14/1		Tima of Death
	ysicia		Anne W	ilson Bu	llard							Month March	Day	1996		3:33 p.m.
im .	Medic amin		4a. Facility Nama (	If not institution,	giva street and n	umber)			-	b. City, To	own, or L	ocation of Death	1	ounty of De		7.00
	. arriiri	<b>.</b>	1811 H	off Lane	3				F	inksh	חשמות			roll		
Fun	oral		5. Social Security I		S. Sax	7. Aga (in	yrs. last birthda	/) If Ur	ndar 1 Yaar		24 Hrs.	8. Data of Birt	h		irtholaca	(State or Foreign
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ylan	4		10a. Stata 10b. County 10c. City, Town or Location						10d. Insida				nsida City Limits			
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the	not	Director	10e. Street and Nu	mber				10f.	Zip Coda				10g. Citiza	n of What C	Country?	
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has	99	Completed													of death	17
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hou	£		29a. Certifiar	1⊠ Certifying I	Physician: To the	a best of my	knowledga, daa	th occurr	ed at tha tim	na, date ar	nd pleca,	end dua to tha	ause(s) ar	nd menner a	as stated	
To the Hospital or within 24 hours at To the Funeral D		edical	(Check only one)	∠⊔ Medical Ex	aminer: On that	pasis of examination of the state of the sta	mination and/or l	nvestiget	ion, in my o	pinion, das	ath occur	red at tha tima,	date and pl	lece, and du	a to tha	cause(s)
To th	E .	Σ	29b. Signature and	titla of certifier					29c. License	a number			29d. Date	signed (Mor	nth, Day,	Year)
			V	1,41	lun 1	WJ.			D 3	559	9		3	20 9	6.	
			30. Name and add	ass of person wh	o completed cau	sa of death	(Item 23a) (Tune	Print\	~ . ~~		/		1			
			Dr. Rus	1	- Sample odd	- w or water!	( Lou) (Type		FATE	WAY	ME	DICAL	CENT	ER		
	Stat		31. Data filed (Mon	th, Day, Year)	32 F	Registrar's S	Signatura		43 AL	KPU	RH	RIVE -	STIP	24		
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9c. COUNTY OF DEATH

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PRINCESS AWNE

10g. CITIZEN OF WHAT COUNTRY?

14. RACE — American Indian Black, White, etc.
Specify: BINC

Sign Zip Code) 121853 Princess Hine Mu

Approximata interval Between

**Onset and Death** 2 WEBLI

3. TIME OF DEATH 8:30

10d. INSIDE CITY 1 YES 2 NO

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30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

APPAU

TLC

Box 191

2

Security of the property of	BUSINESS/INDUSTRY
23. PART I. Enter the Delivers, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line.  10	iden Surpame)  Town, State Zip Code)  Frince  Location — City on
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  1   Inputient 2   ER/Outpetient 3   DOA   OTHER:  4   Nursing Home 5   Residence 6   Other (Specify)	expiratory arreat.
The state of the s	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO end Number or Rural Route Number, nd due to the cause(s) end manner ee stated. 29d. DATE SIGNEO (Month, Day, Year) MARCH 20 1996 21853 DHMH-16 Rev 1/89

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 09030

					Ce	rtificate of	Death	F	Reg. No.			
			1. Decedant's Nama (First, Middla, La	st)				2. Data of Dea Month	ath	Year	3. Time of De	ath
	Physici /Medi		NELLIE	BATLI	ΞY			MARCH	Day 14,1996		4:00	PM
<i>)</i>	Exami		4a. Facility Nama (If not institution, give				4b. City, Town, or L					
			Sali soury Center,	Genesis ElderCa	are, 20				WICON	1ICO		
	Funeral Director		5. Social Security Number 6. S 220-28-1552  Usual Rasidanca of Decedant	7. Aga (In yrs. In Section 27 F 82	est birthday) Yrs.	If Undar 1 Year Months Days		8. Data of Birth (Month, Day 5 - 04 -	h, Year) 13	9. Birthp Coun Ma J	place (State or Forty) ryland	oreign
	Maryland	ctor	10a. Stata 10b. County  MD Worce:		, Town or Lo	cation				1	10d. Inside City L	
	23e or 24	al Director	10e. Street and Number 7 Bridge Stre			10f. Zip Code 21851				of What Country?		
020	72 hours after death with the Maryland "natural", or items 23a or 28a-f show idical Examinet mart be notified at	by Funeral	11. Marital Status 1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Evar in U,s Armed Forcas? 1 □ Yas 2 ▼No It Yas, Giva Yaar or Datas:		Was Decedant of I If Yas, specify Cub 1 ☐ Yas 2 🏋 No	Hispanic Origin? (Sp an, Maxican, Puarto Specify:	pecify Yas or No- Rican, atc.)	14. Rac Blac Specify	ck, Whita,	can Indian, atc. ite	
21215-0020	6 '	Completed	15. Decedant's Ed (Specify only highast gra Elamentary/Secondary (0-12)	ducation ida complated) Collaga (1-4or 5+)	16a. Dece (Giva life.	dent's Usual Occup kind of work dona DO NOT use retire	pation during most of work d)		16b. Kind of Bu		dustry	
	d withir	Com	8	Conaga (1-40/ 54)	Cle	rk			Retail			
Maryland	ges 1 and 2 should be filed within to the Health and Mental Hygiene. If them 27 is marked other than or other traumatic avent, the Mental trau	To Be (	17. Fathar's Nama (First, Middla, Last) George T. Hic				18. Mothar's Nam		Maidan Sumam 7ell	ia)		
lan	2 sho and I is ma		19a. Informant's Name/Ralationship (	Type, Print)		_	and Number or Rui		-			
	Health Health em 27		Gloria Tarr/d			The same of the same of the same of	St., Poc					
Baltimore,	pemit. Pages 1 a Department of Hei Mportant: If Item any Injury or othe ance.		20e. Mathod of Disposition 1 X Burial 2 ☐ Cramation 3 ☐	Ramovai from Stata	matary, cre	osition (Nama of matory or othar pla	,	Data	20c. Location -			
F	Department Parametrians Injury Injury		4 □ Donation 5 □ Other (Specify		wnin	gs Ceme	tery 3	3-17-96	Oak H	lall	, VA	v -2
Ba	permit. F Departmo Importan any Injur		21. Signatura of Funaral Sarvice Licen				ceville,			me,	TO BO.	
			23a. Part . Entar tha disaasa, or com- shock, or haart failure. List only	plications that caused tha death one cause on each line.	. Do not an	tar tha moda of dyl	ng, such as cardiac	or raspiratory ar	rest,	1	Approximata Interval Batwee	
)	Physician /Medical		Immediata Cause (Final	0115					(nage	3	Onsat and Dea	ith
	Examiner		disaasa or condition resulting in death)	a. CHT.	as a conse	avenes of			Jenio	-	11577	ta.
	b iš	Medical Examiner		· Dil ate	as Conse	March d	iono	pot	<u></u>			
60,	rtificata be executed ng physician and a as the bunal-transit		Sequantially list conditions, if any, leeding to immadiata ceuse. Enter Undarlying Ceusa (Disaasa or injury	9.	0 1			-				
x 68760,	ing e		that initiated evants rasulting in death) Last	no Ins Span								
Box	that the daath ce ed by the attandi detached for use	clan							//		Y	
0	the de	ysi	Part II. Other eignificant conditions of	ontributing to death but not resu	Iting in tha u	ndarlying causa gi	ven in Part I.	23b. Did tobacco use contributa to the cause				
S, D		by Physician/	Obert	- ()3 ().				101	res 2⊠No	3 ∐ Prol	bably 4 Un	known
Vital Records	been s	Completed b	J					24a. Was perfor	an autopsy mad?	av	ara autopsy tind railabla prior to emplation of caus daath?	
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sion	or Attending Patter death.  Director: After t	ertification:	27. Manner of Death  1 Natural 5 Panding 2 Accidant Invastigation	(Month, Day Yaar)	28b. Tima o Injury	Wo	ryat rk?  Yas 2 □ No	28d. Dascribe h	iow injury occur	ed		
Division	s after de Il Directe	Certific	3 ☐ Sulcida 6 ☐ Could not be 4 ☐ Homlcida datamined	28e. Pleca of Injury - At hos building, atc. (Specify,	me, farm, st	raat, tactory, offica		28t. Location (S City or Tow		er or Rura	al Routa Number	r.
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai (	29a. Cartifiar (Check only one)	yalcian: To the best of my knowniner: On the basis of exeminetiend manner stated.	riedga, daat on and/or in	h occurred et the ti vestigation, in my o	me, dete and placa, opinion, daeth occur	and dua to tha dred et the time, d	causa(s) and me dete and plece,	nner es s and due to	steted. o tha causa(s)	
	To the Howithin 24 To the Fu	Me	29b. Signatura and titla of certifiar			29c. Licans	sa numbar		29d. Data signe	d (Month,	Day, Year)	
K			1 - hr	up		D-39	813		3/1	4/9	200	
>			30. Nema and address of person who o	complated causa of death (Item	23e) (Type,		CLU.			. (		
			MICHAEL ATKINS, M			R.,SALIS	BURY, MD.	21804				
	Sta Registr		MAR 1 8 19	<ol> <li>Registrar's Signat</li> </ol>	ure_							

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TO BE COMPLETED BY FUNERAL DIRECTOR

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4 1100	illed	n, 0r	e m
TO THE HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after beath. Fage b may be trianned by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation,	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CE	RTIF	CATE O	F DEATH	R	EG. NO.			
DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DEATH		YEAR	3. TIME OF DEATH
OUISE HEROLD	BAILEY					FEBRUA			996	4:15 P
SOCIAL SECURITY NUMBER 5.	SEX 6	. AGE (In yrs. lest		IF UNDER 1 YEAR		7. DATE OF E (Month, Da	BIFTH v. Year)		8, DIRTH Count	HPLACE (State or Foreign
427-34-9362	□ M 2X F	80	YRS.	MONTHS DAY	HOURS MIN.	Sep 1		915	0001111	WV
. FACILITY NAME (If not institution, give street	and number)			9b. CITY, TOW	N OR LOCATION OF				UNTY OF D	DEATH
SACRED HEART HOSE	PITAL			CUMBI	ERLAND			A	LLEG	ANY
e. STATE 10b. COUNTY				1-700 PM	Territoria de la companya della companya della companya de la companya della comp					
				, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
WV Miner	al		Ri	dgeley						YES 2 NO
B. STREET AND NUMBER					101. ZIP CODE					WHAT COUNTRY?
139 N. Lakewood D					26753				SA	
MARITAL STATUS 12  Never Married 2 Married	FORCES? 1	EVER IN U.S. ARI	MED		ECENDENT OF HISP/ specify Cuban, Mexic			or No-	14. RAC Blac	E — American Indian, ik, Whita, etc.
Widowed 4 Divorced	IF YES, GIVE WAR				ES 2 NO Spec				Spec	
15. DECEDENT'S EDUCATI	ON	I see DEC	CEDENT'S I	USUAL OCCUPA	TION	1 405 WILL	D OF BUSI	A1500 #4	PURTON	white
(Specify only highest grade corr	apleted)	(Gi		ork done during	most of working	100, KIN	ID OF BUSI	ME35/IF	IDUSTRY	
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FATHER'S NAME (First, Middle, Last)	6		CHOOL	react		IAME (First, Middl				chool Syste
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Pauline Riffle					akewood D					
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☐ Donation 5 ☐ Other (Specify)		Buck	hanno	on Memo	orial Par	$k \frac{03}{03}$	Bu	ckh	annor	n, WV
. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	1/		22. NAME	AND ADDRESS OF I					
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THIND 7	XIcan	pell	(	Sca	arpelli F aberland,	uneral MD 21	DUZ	<u> </u>	U.L.	ling-St. F.H.
shock, or heart fellure. List MMEDIATE CAUSE (Finsi Isease or condition	pilicetions that to only one cause	e on each iina		Sca	arpelli F nberland, mode of dylog, su	uneral MD 21	DUZ	<u> </u>	U.L.	Approximata interval Between
3. PART / Enter the diseases, or comshock, or heart fellure. Lie MMEDIATE CAUSE (Final illease or condition esulting in death)	t only one cause	e on each iina	an	Sca Cum ot enter the	arpelli F nberland, mode of dylog, su	uneral MD 21	DUZ	<u> </u>	U.L.	Approximata interval Betwee Onset and Dea
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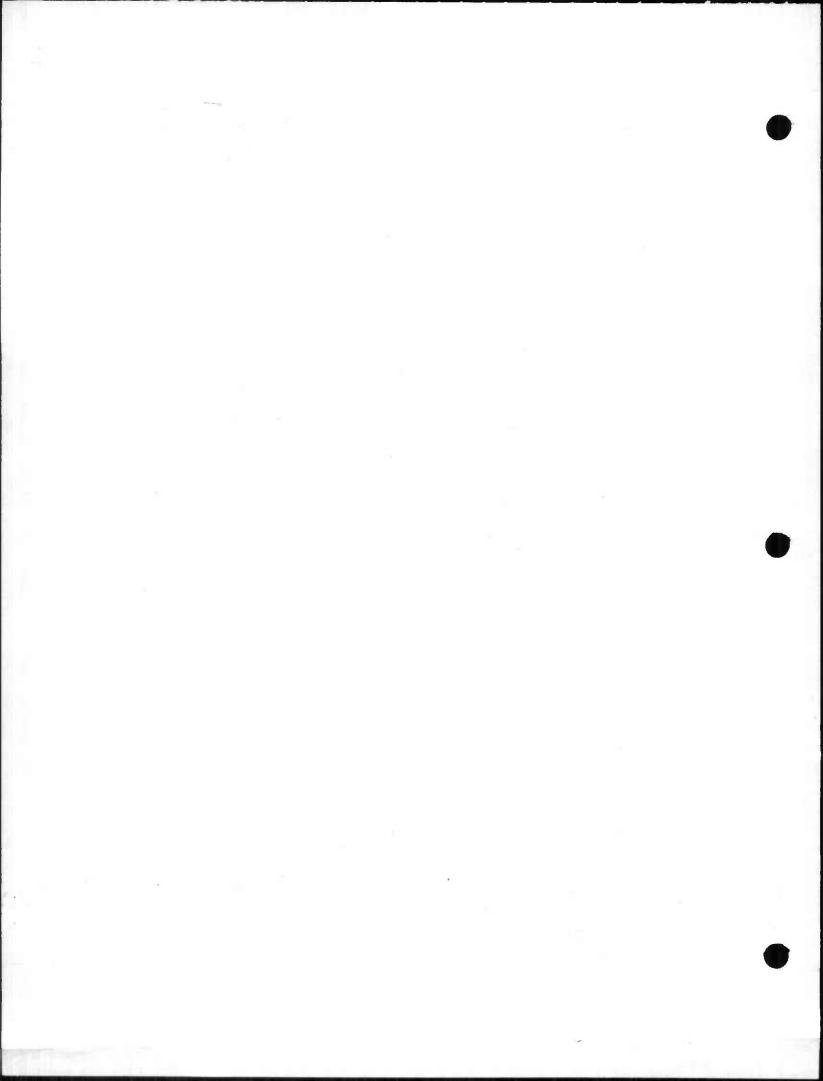
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Раде 6 п	al director.
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The law requires tha	e has been si
IG PHYSICIAN: 1	er this
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FOR 1 - STATE REGISTRAD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	REGISTRAN				CENTIF	ICALE	OF DE	A) II	HEG. NO.			
	,	1. DECEDENT'S NAME (First,		w nnoin						MARCH 2,1	ňos	YEAR 3	12:30 P M
		ROBER		AY BROW	_								
		4. SOCIAL SECURITY NUMBER 233-72-2360		5. SEX 1 X M 2 ☐ F	6. AGE (in yrs	3 YRS.	IF UNDER 1 Y	MAYS HOUR	DER 24 HRS.	NOV. 8, 1	922	West	Virginia
3 should	NG.	9a. FACILITY NAME (If not ins Sacred He							wn or Location of Death berland			egan	<del>л</del> н У
1. 2.	5	RESIDENCE OF DEC											
it. Pages 1.	DIRECTOR	WV Hampshire Ro										INSIDE CITY LIMITS?  YES 2 NO	
sit permit.	RAL	100. STREET AND NUMBER 409 West	Bircl	h Lane				10f. ZIP CO				S.A.	AT COUNTRY?
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 N I		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S X YES 2 AR OR DATES				ıban, Mexican,	an, Puarto Rican, etc.)			- American Indian, White, etc. White
ending	ED B		DENT'S EDUC	CATION	1 10.0	DECEDENTIO	Hellar occ	IDITION.		Task while of the			MILLE
D 2121 pital or att			highest grade			Give kind of life. Do NOT us	work done dur se retired.)	ing most of wo	orking	Family Medical Practice			ractice
MARYLAND 21215-0020 s retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Flavius H. Brown Sr.						18. MOTHER'S NAME (First, Middle, Meiden Surname) Elizabeth Huff					
, MAR observation of the strength of the stren	TO BE	Wanda K.						Romney, W		<sup>Code)</sup> 757			
MORE, ge 6 may be irector, page		Wanda K. Brown  409 West Birch Lane, Romney, WV 26/5/  20e, METHOD OF DISPOSITION 1 X Burles 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of Cametery, Cremetory,									WV		
BALTIMORE, I after death. Page 6 may be noval. noval.		21. SIGNATURE OF FUNERAL	SERVICE LIC	Mig	w		22. Sf 23.	naffer 30 Eas	Funer t Main	cal Home, n St., Rom	Inc. ney,	WV 2	6757
hours ed in t or rel	Z	IMMEDIATE CAUSE (Find disease or condition resulting in death)	ert fallure.	List only one cau	tase on each	line.				ea cardiac or reapi			Approximata interval Between Onset and Death
P.O. BO ath certificate be ttending physicia al Hygiene prior or other train	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
ADS it the d by the ind Me	EDICAL (	PART II. Other significan	nt condition	s contributing to	death but n	ot resulting	in the unde	nderlying ceuse given in Part I. 24a. WAS AN AUTO PERFORMED			MED?	. /	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
O S S S S	Σ							_		1  YES 2	200		OF DEATH?
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一年 自 是 五	SICIAN:	EXAMINER?	PMEDICAL	HOSPIFICE:			OTHER:		Raeldenca 8	Other (Specify)			
OF HYSIC his ce with th	PHY	27. MANNER OF DEATH	Pending	28a. DATE Of (Month, L	INJURY	28b. TIA		Bc. INJURY AT WORK?		28d. DESCRIBE HOW I	NJURY OCC	URED	
ISIC TTENDI TOR: A after of	red BY	3 Suicide 6 0	ovestigation Could not be	28e. PLACE ( building,	of INJURY — / etc. (Specify)	At home, farm,	street, factor			281. LOCATION (Street of City or Town, State)	and Number	or Rural Ro	ute Number,
DI TAL OR VAL DIRI 72 hour	COMPLET	onel								to the cause(a) and mer			and manner as stated.
FEE FEE	BE C	29b. SIGNATURE AND TITLE	OF CERTURA	4/1	0 0 0	• 01.	2020	29c. (	LICENSE NUMI	BER 21	29d. DATE		Month, Day, Year)
3 223	2	30. MAME AND ADDRESS OF		41 6	SE OF DEATH	(ITEM 27) (Type	10.	1 8	1/	1 1	, MAI	\\	7,1716
phs		31. DATE FILE WAR P. POT	agone 1996	A MEGISTA	MAD STRINGTON	DISho	o ha	sh ho	aa Lu	mberlan	d H	() e	21507
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3. TIME OF DEATH

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2. DATE OF DEATH

FOR STATE REGISTRAR

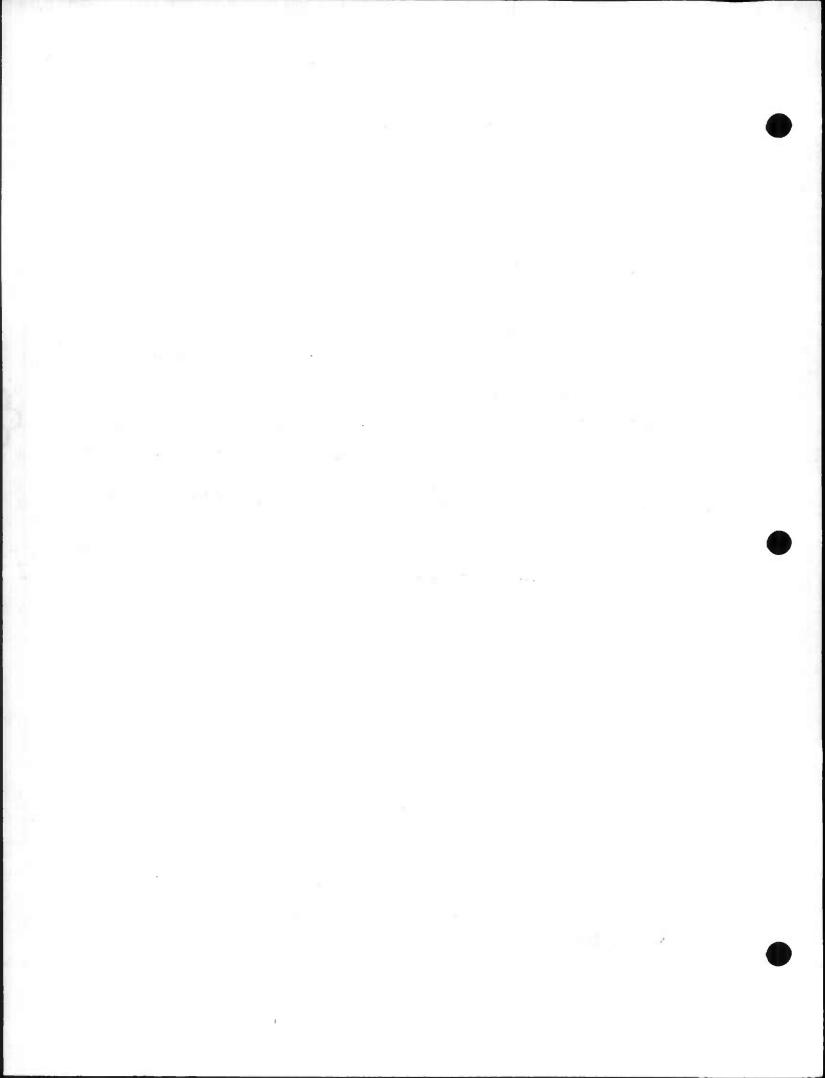
1. DECEDENT'S NAME (First Middle Last)

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DIVISION OF VITAL RECORDS,	SEPTIAL OR ATTEMBING PHYSICIAN. The law requires that the death certificate
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	SPITAL

**IAMES** 1996 11:10 P BROWNING March 3 4. SOCIAL SECURITY NUMBER 7. DATE OF BIFTH (Month, Day, Year, Aug 19, 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURE 1 X M 2 | F 1911 705-05-4806 84 MD Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH IRECTOR Memorial Hospital & Medical Center Cumberland **Allegany** 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ā MD Allegany Cumberland 1 X YES 2 NO burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE USA 21502 640 Washington Street 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS separated
1 Never Married 2 Married 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 XNO Specify: Specify: BY 3 Widowed 4 Divorced page 5 should be detached for use as the white G 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Railroad Retired Machinist notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Frank R. Browning Loretta M. Foreman 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Beverly Browning 408 Broadway: Cumberland, MD 21502 pe 20s. METHOD OF DISPOSITION
1 M Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must funeral director, Donation 5 Other (Specify) 03/06 Cumberland, MD Patrick's Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. Scarpelli Funeral Home Cumberland, MD 21502 the removal medical 23. PART t/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line. Approximate in by intervai Between ŏ filled Onset and Death IMMEDIATE CAUSE (Fine) cremation, the disease or condition PNEUMONIA completely WEEK resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) executed bunal LADVANCED PARKINSON DISEASE 10 YEARS CERTIFICATION pue Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING physician 8 other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST 0 Mental Injury. the PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL een signed by to of Health and AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 - YES 2 - NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO INCERTAIN I PHYSICIAN: Dept MP 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item State certificate HOSPITAL: OTHER: 1 TYES 2 DINO 1/2 Inpatient 2 - ER/Outpatient 3 - DOA PHYSICIAN: 4 - Nursing Home 5 - Residence 8 - Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, With this 1 Natural 5 Pending Investigation 1 YES 2 NO BY death 2 Accident After OR ATTENDING 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be COMPLETED DIRECTOR: after 4 Homicide 28 hours Hem 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, end due to the cause(a) and menner ea stated. TO THE FUNERAL C
TO THE FUNERAL C
Be filed within 72 h
IMPORTANT: If II (Check only one) 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated 29b. SIGNATURE AND NITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 出 Mourch 96 23371 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 625 Kent Avenue Dr. Zaman. Joh 31. DATE FILED (Month, Day, Year) Johnson Heights Medical Building, Suite 102, Cumberland, 32. REGISTRAR'S SIGNATURE MAR 1 3 1996 Shi Dhoulear Revolute DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CI	<b>ERTIFICATE</b>	0	F DEAT	'H		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIENE REG. NO.			
1. OECEOENT'S NAME (First, Middle, Las CHARLES RALPH					2. DATE OF DEATH MONTH 9, DAY 1996		3. TIME OF DEATH 2:30 A		
4. SOCIAL SECURITY NUMBER 214-07-4297	1 <b>X</b> M 2 □ F	36 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Sep	Day, Year)	.909	BIRTHPLACE (State or Foreig Country)	
8e. FACILITY NAME (If not institution, give street and number)  1 BALTIMORE STREET APT 405  CUMBERLAND					of Death  OC. COUNTY OF DEATH  ALLEGANY				
				own or Location berland			10		
1 Baltimore St. Apt. 405			10	101. ZIP CODE 21502			109. CITIZEN OF WHAT		
11. MARITAL STATUS  1 Never Merried 2 Merried  TY Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR OATES			13. WAS OECENDENT OF NISPANIC ORIGIN? (Specify if yes, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 X NO Specify:				Yes or No— 14. RACE — American Indian, Black, White, atc. Specify: White		
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		life. Do NOT use	rk done during m retired.)		16b.	KIND OF BUS		TRY	
12 17. FATHER'S NAME (First, Middle, Last)		Retire	ed	18. MOTNER'S NA	ME (Elm), M			Railroad	
Andrew Bruce	o Pakor				(Hu		surreme)		
19s. INFORMANT'S NAME (Type/Print)	e baker	19b. MAILING A	DDRESS (Street	end Number or Rural I			, State, Zip Co	ide)	
Charles B. Bak	rer	1012 F	endlet	on Street	t: Ra	dford.	VA :	24141	
20e. METNOD OF DISPOSITION 1X Burlel 2 Cremetton 3 Re	201	D. PLACE AND DATE OF	DISPOSITION (A		DATE	20c. LO	CATION - CIT	y or Town, State	
4 Donetion 5 Other (Specify)			n Ceme		03/1	L8 C1	mberl	and, MD	
22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502									
23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)		t enter tha m	ode of dying, suc	ch aa card	lac or reapl	ratory arres	Approximate Interval Baty Onset and Dunkno		
tesating in death)	DUE TO (OR AS	A CONSEQUENCE OF)							
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CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)					TV.		
		a contributing to death but not resulting in the underlying cause given				PERFORMED?		24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH	OTHER:	)			7.	1	
1 YES 2 NO	1   Inpatient 2   ER/Out	patient 3 DOA 26b, TIME		me 5 Residence			NJURY OCCU	RED	
1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation						, month oddoned			
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				ce	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)				
[UNIVOIDATE]	IYSICIAN: To the best of my know								
296 SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER D09157			29d. DATE SIGNED (Month, Day, Year)  Mar. 9, 1996			

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mysiciali.	burial-transit p	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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O THE HUSPITAL OR ALIEN	101	be fil	OM:
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR JAMES BOYER 10 1996 16:20 M March 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (In yrs. last birthday. IF UNDER 1 YEAR DAYS HOURS MIN 1 X M 2 - F 213-22-3317 69 Oct 30, 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CIMBERLAND ALLEGANY MEMORIAL HOSPITAL 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Allegany 1 X YES 2 | NO Cumberland 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? tor, ZIP CODE USA 310 South Street 21502 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 □ NO IF YES, GIVE WAR OR DATES t4. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married t TYES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced WW II white 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ET Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Textile Retired 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Norman W. Boyer Emma (Grant) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James Boyer 3820 Perryhurst Place: Baltimore, MD 21236 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 Seriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 03/13 Berlin, PA Beachdale Cemetery 0. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Scarpelli Funeral Home 1cm Cumberland, MD 21502 23. PART/I. Enter the disesses, or complications that called the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate Interval Between ehock, or heart fellure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition Arrhythmia ardiac resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) phalo pathy DUE TO (OR AS A CONSEQUENCE OF): OXIC 48-72 hrs CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted evente resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAIL ARLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO t TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \square\) NO \( \square\) UNCERTAIN \( \sqrtare\) PHYSICIAN: 28. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** HOSPITAL:
1.4 Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 TES 2 NO 4 - Nursing Homa 5 - Residence 6 - Other (Specily) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED t Natural 5 Pending Investigation t TYES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At homs, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 29e. CERTIFIER t CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and manner as stated 29d. DATE SIGNED (Month, Day, Year)

Mai 10, 11, 96 29b. SIGNATURE AND TITLE OF CENTURES 29c. LICENSE NUMBER D 23371 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Qamar Zaman M.D. Suite 102 625 Kent Ave. Cumberland, MD 21502 31. DATE FILED (Month, Dey, Year)
MAR 1 3 1996 3 BEGISTHAR'S SIGNATURE

# BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	for state registrar	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	Н.	BUSH			2. DATE OF DEATH MONTH 18	3. TIME OF OEATH 1655 P M		
DIRECTOR	4. SOCIAL SECURITY NUMBER 217-36-9463	5, SEX 8, AGE		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Aug. 5,19	942	BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give street and number) University Hospital			96. CITY, TOWN OR LOCATION OF DEATH Baltimore			Baltimore		
	10a. STATE 10b. COUNTY MD Cha	arles	les Pomfret				10d. INSIDE CITY LIMITS? 1 YES 27 NO		
FUNERAL	100. STREET AND NUMBER 5002 Preston La	<u> </u>		20675		U.S.A.			
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	N U.S. ARMED 2 NO DATES	13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Ricen, etc.)  1 YES 2 NO Specify:				RACE — American Indien, Black, Whita, atc.		
	15. DECEDENT'S EOUC (Specify only highest grade Elementasy/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use of Food C1	rk done during m retired.)	st of working	Food/Ne			
BE COMF	17. FATHER'S NAME (First, Middle, Last)  Charles H. Bush	ME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maldan Surname)  Mod of the Communication of the Commu							
TO B	Dorothy E. Bush		196. MAILING A 5 0 0 2	Prest	on Lane	Pomfret,	n, State, Zip Co	20675	
	20b. PLACE AND DATE OF DISPOSITION  125 Burlel 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other piece)  Sacred Heart Church Cem. 3/23/96 LaPlata, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  MO0945  MO0945  AREHART-ECHOLS FUNERAL HOME, INC.  P.O. Box 567 LaPlata, MD 20646								
PHYSICIAN: MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate	a. TOXIC STRI  DUE TO (OR AS  b. MYOFASCIAI  DUE TO (OR AS  CARDIOPULMO	EPTOCOCCAL A CONSEQUENCE OF):  L NECRISIS A CONSEQUENCE OF):	SEPSI OF BO	da of dylng, suc	h aa cardiac or reapi	raiory arreat	1-2 DAYS	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN I							7-8 DAYS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES X NO	
	EXAMINER?  1 YES 2 NO	I diportial: OTHER:							
ED BY PH	27. MANNER OF OEATH  1X Netural 8 Pending 2 Accident Investigation 3 Suicida 8 Could not be	28e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJUR building, atc. (Spe					6d. DESCRIBE HOW INJURY OCCURED  81. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and pieca, and due to the cause(s) and manner se stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(s) and manner as stated.								
TO BE C	206 SIGNATURE AND TITLE OF CENTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE				29c. LICENSE NUI D47843	► MA		SIGNEO (Month, Day, Year) ARCH 18 1996	
	PHILIP ALFORD M.D. 22S. GREENE ST. BALTIMORE, MD #21201  31. DATE FILED (Month, Day, Year)  MAR 2 0 1996  32. REGISTRAR'S SIGNATURE  Authorities Authorities Signature  MAR 2 0 1996								

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q 6

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						Cert	ificate of	Death		Reg. No.	0	031	) 5 1
ı	Dhuele	ion	1. Decedent's Nama (First, Middle, L.	est)					2. Data of De	ath	Yeer	3. Time	e of Death
	Physłc /Medi		Lloyd <sub>EVERET</sub>	T	В	arbou	r		March 1	7 Day 199	6	9:18	AM
	Exami		4a. Facility Nama (If not institution, gi Physicians Memorial					4b. City, Town, or L LaPlata	ocation of Deat	4c. Cour Charl	ity of Death		
	Funeral Director		214-16-7361	ATVAL OF F	(In yrs. last bir 77		If Undar 1 Yea Months Days		8. Date of Bir (Month, De JUNE 2	th by. Year) 7, 1919	9. Birth Cou MA	place (Stat intry) RYLANI	te <i>or Foreig</i> n
	pue *		Usual Residence of Decedent  10a. State 10b. County		10c. City, Tow	n or Loca	ation					10d foolds	City Limits
	Sa-f show	Director	MARYLAND CHARLE		MARBU								es 2 No
	th with the 23a or 2		10e. Street and Number   #5190 PISGAH-MARE	URY ROAD			10f. Zip Code 206	558-9720		10g. Citizen o UNITED			
020	Jwithin 72 hours after death with the Maryland jiene. I than "naturet", or items 23s or 28s-f show the Modical Experient must be notified at	by Funeral	11. Marital Status 1 □ Navar Married 2 ☑ Married 3 □ Widowed 4 □ Divorcad	12. Was Decedent Ev Armed Forces? 1 ☐ Yes 24 No If Yes, Give Year or Datas:			as Decedant of Yas, specify Cui ☐ Yes 2 2 No	Hispanic Origin? (Sp ban, Mexican, Puarto Specify:	pecify Yes or No Rican, etc.)	Spec	ack, White	ican Indian, , etc. ACK	
50	72 ho	eted	15. Decadent's E (Specify only highest gr	ducation	16a.	Decede	nt's Usuai Occu	pation	kina	16b. Kind of	Bualness/II	ndustry	
21215-0020	d within giene. r than "	Completed	Elamantary/Secondary (0-12) 11TH GRADE	College (1-4or 5+	•)		ONOT use retir	a during most of worked)		WASHING	GTON (	GAS L	IGHT CO
	tal Hygid d other	BeC	17. Father's Nama (First, Middle, Las	7)				18. Mother's Nam	ne (First, Middle	Meiden Suma	ama)		
/lai		TOE	WILLIAM HENRY BAF	BOUR				BLANCHE	DILLIE	MARBUR'	EAR	BOUR	
Maryland	d 2 sho h and 7 is mu treum		19a. informant's Neme/Reletionship MARION H. BARBOUF					et end Number or Ru MARBURY R					20658
Baltimore,			20a. Method of Disposition  1 ABurial 2 Cramation 3 [ 4 Donation 5 Other (Speci		cemate	ry, creme	tion (Neme of story or other place)	ace)	Date 3/22/96	20c. Location			
Balti	permit. Page Department o Important: If i any injury or once.		21. Signature of Funeral Service Lice		non	22. I	Nama and Add	ress of Facility	ME. P.A				
	Physician /Medical Examiner		23a. Part1. Entar the disease, or conshock, or heart failure. List only finmediate Cause (Final diseasa or condition resulting in death)	polications that caused the one cause on each line	he death. Do n	not enter	the mode of dy	LATER	or respiratory e	rrest,		Approximinterval E Onset an	nate Between
Box 68760,	death certificata be executed attending physician and of for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last	C	ue to (or as a c		993237		7/100/1			Y-61	K3
	death e atte	lcla	Part II. Other significant conditions	contributing to death but	not resulting in	the und	lertvina cause a	iven in Part I	23h Did	tobacco usa d	ontribute	to the caus	a of death?
P.0	es that the death ce igned by the attendir be detached for usa	/ Physician/			not receiving in	T GIO GITO	onying oxoso g	TOTAL CALL.		Yes 2 No			Unknown
Division of Vital Records,	The law requirate has been s page 2 should	Completed by								an autopsy ormed?	CI	Vere autops valiable pric ompletion of death?	or to
<u> </u>	certificate rector, pag	Be	25. Was case referred to medical examiner?	Hospital:				26. Placa of Dee	th (Check only o	ne)			
n of	등 급등	lon: To	1 Yes 2 No  27. Manner of Death  12 Natural 5 Pending	28a. Date of Injury (Month, Day)		tpatient Time of njury	28c. fnju	ury at ork?	ome 5 ☐ Rask 28d. Dascribe			ify)	
Division	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral	Certification:	2 Accident investigation 3 Sulcida 6 Could not be determined	e con Disease Heise	y - At home, fa (Specify)	rm, stree		Yes 2 No	28f. Location (: City or Tox		nber or Rur	ral Route N	umber,
	Hospita 24 hours Funere etaly fille	edical (	29a. Certifier (Check only 2 Medical Example)	ysician: To the best of e niner: On the basis of e and manner state	xamination and	, death o	occurred at the t stigation, in my	lme, date and place, opinion, death occur	and due to the red at the time,	ceuse(s) and r date and plece	nanner as :	stated. to the cause	e(s)
	To the within To the	Me	29b. Sonature and jitle of certifier	( A.f	MA			se number		29d. Date sign	ned (Month	Day Year	)
			30. Neme and address of person who						D 20725	3/1	11	10	
	Sta Registr	_	Terence R. Bertele, 31. Date flied (Month, Dey, Year)  MAR 2 0 1	32. Registrar	s Signature			, carricon, M	ע 20135				

DHMH 16 Rev 6/95



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

26		1. DECEDENT'S NAME (First,	4414-9-4			OLI	THE	7716	01	DLA		_	HEG. NO		_	
			MIOOR, LEST)	Odell			ממ	ADI	777			MONT		7 1	YEAR	TIME OF DEATH
		Ivan 4. SOCIAL SECURITY NUMB	IER	5. SEX	8 AGE /	(In yrs. last bir		RADLI IF UNDER 1		III LIMBE	R 24 HRS.	Mar	OF BIRTH		_	:10 a.m. M
		577-24-255		1 X M 2   F	72				DAYS	HOURS	Min.	(Mon	ch 7, 1	02/	Country)	ACE (State or Foreign
pino		9a. FACILITY NAME (If not in			12		2021	h CITY I	COMPI C	OR LOCAT	ION OF O		cn /, 1	924   9c. COUNT	Virgi	
3 should	<u>د</u>	Avalon Manor			Ino		l	_			ion or o	EATH		Wash		
1, 2,	стов	RESIDENCE OF DEC	EDENT	riig nome	THU.		111	lage	LSL	OWII				Wasii	riigic	711
Pages	ГшІ	10s. STATE	10b. COUNT			-1	loc. CITY, T	TOWN OR	LOCAT	TION					10	Dd. INSIDE CITY
Ji. P	DIR	Maryland	Wash	ington			Hag	gers	tow	n					1	☐ YES 2 🔀 NO
permit.	RAL	10e. STREET AND NUMBER								. ZIP COD				10g. CITIZ	N OF WH	AT COUNTRY?
020 physician. burial-transit	FUNE	General De	livery						_	2174(					ISA	
020 physician burial-tra	[ 교	t1. MARITAL STATUS  1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1			D	13. W	AS DEC	ENDENT	OF HISPAI	NIC ORIGI	N? (Specify Yes Rican, etc.)	or No-	4. RACE — Black, V	- American Indian, Vhits, stc.
	ig	3 Widowed 4 XDivo		IF YES, GIVE V	MAR OR DA	ATES		1 [	YES	2 X NO	Specif	ly:			Specify:	White
	<u>a</u>	15. DEC	EDENT'S EOU	CATION		16a. DECEE	DENT'S US	SUAL OCC	UPATIO	ON		16	. KIND OF BUS	SINESS/INOU	STRY	
212	ᇤ	(Specify onl) Elementary/Secondary (0	highest grade	College (1-4 or 5	+)	(Give I life. Do	kind of work NOT use n	k done du retired.)	ring mo	ist of worki	ng					
ND 21 hospital or ached for u	COMPL	8					machi	inist				Sh	eet Meta	al Manu	factu	ring
A D E	ő	17. FATHER'S NAME (First, MI		12								ER'S NAME (First, Middle, Malden Surname)				
# 2 Z	BE (	John Llo		adley							_	Nest		nort		
WA retain s sho	101	Evelyn C		luini		691	4 Kei	nfig	Street s	ind Number	Fa]	Route Num	ber, City or Tow hurch,	n, State, Zip (	inia	22042
MORE, I age 6 may be director, page 5 er must be n		20a METHOD OF DISPOSITI 1 Burtal 2 Crematio 4 Donation 5 Other	n 3 🗆 Rem	oval from State	206	PLACEAND	DATEOF O	DISPOSIT 10101	nal	Ceme of	eter	y 3/	19 Cul	cation – c .peper	ty or Town	, State rginia
BALTIMOR after death. Page 6 ma by the funeral director, provod. cal examiner must		H. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	NIN		)			d N.			305	N. F	otom	ac Street
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By filled in by the on, or removal.		IMMEDIATE CAUSE (Fin	esrt fallure.	complications the List only one ceu	it caused use on e	d the death sch line.	n, Do not	anter ti	he mo	de of dy	ing, auc	th as cer	diac or reepi	ratory arre	nt,	Approximate Interval Between Onset and Daath
		disease or condition resulting in deeth)	<b>→</b>	A		CONSEQUE	man	79								2 dans
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OX 687 be executed sician and con rior to burial, traumatic e	RTIFICATION	Sequentially list conditions, If any, leading to immediata  b. Carcham ngm Parotic  y matty														
siciar prior	CAT	cause. Enter UNDERLYING														
certificate ding physical hygiene pri	Ĕ	CAUSE (Disease or injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF):														
T E 5 0	CERI	resulting in death) LAST														
at the death by the atten and Mental i y Injury, o		PART il. Other algnifice	nt condition	a contributing to	death b	rut not reeu	ulting in t	the und	erlying	n cause	alven in	Part i	24a. WAS AN	AUTOPEV	24b W	ERE AUTOPSY FINDINGS
T = FS	EDICAL								,	9 00000	9		PERFOR	MED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE
S earl se se	0												1   YES 2	NO	O	F DEATH?
sh of	2														'	YES 2 NO
2 - 2	SICIAN:	25. WAS CASE REFERRED TO	MEOICAL						26. PL	ACE OF D	DEATH (C/	neck only o	ne)			
Certificate has the State Dep	Sic	EXAMINER?		HOSPITAL:	☐ ER/Outp	patient 3 🗆		THER:	na Hom	e 5 🗆 R	asidence	6 Oth	r (Specify)			
HYSICIA this certif with the	РНУ	27. MANNER OF DEATH		28s. DATE OF (Month, D		21	8b. TIME O	OF 2	Sc. INJ	URY AT		T	SCRIBE HOW I	NJURY OCCL	REO	
ON ON OTHER PHYSIC CHEET WITH CHEET WITH STREET WITH STREET WITH STREET WITH STREET WITH STREET, STREET S	BY 6		Pending Investigation	(Wanti, D	ray, roury		INOUN	м		YES 2	NO					
TTEND TTEND TOR: A after d	8	3 Suicide 8	Could not be determined	28e. PLACE C building,	of INJURY	— At home,	farm, stre	et, lactor	y, offic	8			ATION (Street s or Town, State)	and Number o	Rural Rou	te Number,
A A Z E	COMPLET			CIAN: To the best of												nd manner as stated.
FUNE Within		29b. SIGNATURE AND TITLE									ENSE NU					
TO THE HOSPIT TO THE FUNERA De filed within 7	TO BE		-63	ma mo							80					onth, Day, Year)
	F	30. NAME AND ADDRESS OF Dr. Va	sant l	Ocompleted CAU Datti 33	SE OF DE	ATH (ITEM 27	o (Type, Pri		lage	ersto	own.	Mary	/land	21740	)	
		31. DATE FILED (Month, Day,		32. REGISTRA					0					-2/70		
		MAR 1 91	996	the stand		-44										

carate medical action and action

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State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate o	f Death			Reg. No.					
	Physic /Medi		1. Decedent's Name (First, Middle, La	Merle	David	Blo	ough			2. Dete of De Month		Year 96	3. Time of Death 2/48 p.m			
ک	Exami		4e. Facility Neme (If not institution, gh	re street end number)				4b. City, To	own, or Lo	cation of Death			5000			
			Washing	ton County Ho	spital			Hag	erstov	vn	Wash	ington				
	Funeral Director			Sex 7. Ag	e (In yrs. last bir 74	thday) Yrs.	Months Dey		24 Hrs. Min.	8. Dete of Bird (Month, De June 16,		9. Birthp Court PA	siece (Stete or Foreign stry)			
	pue se se		10e. Stete 10b. County		10c. City, Tow	n or Loc	cation					1	0d. Inside City Limits			
	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "natural", or itema 23a or 26a-f show aumatic event, the Medical Examinating that the incilled at	Director	PA Frani	clin	Green	cast							1 ☐ Yes 2 🖄 No			
	vith th	吉	10e. Street and Number				10f. Zip Code				10g. Citizen of \	Whet Cour	itry?			
	a 23a	Funeral		y Pitcher Hw		40.14	177		1 1 0 10 -	-14 M M	U S		an Indian,			
	ter de la	i.	11. Maritel Stetus  1 ☐ Never Merried 2 ☒ Married	12. Wes Decedent Armed Forces? 1 X Yes 2 ☐ I		IS. VI	Ves Decedent of Yes, specify Cu	iben, Mexica	n, Puerto	Rican, etc.)	Blac	k, White,				
320	urs af	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1	☐ Yes 2 💢 N	o Specify	:		Specify	∉ Whi	.te			
ŏ	2 hou		15. Decedent's E	ducation		Deced	ent's Usuei Occ	upetion			16b. Kind of B	siness/Inc	dustry			
21215-0020	hin 7	Completed	(Specify only highest gr Elementery/Secondery (0-12)	ade com <i>pleted)</i> College (1-4or t	54)	(Give k	kind of work don OO NOT use reti	e during mos red)	st of worki	ng .						
21	d wit	E O	12	College (1 -tol )		ľ	Mechanic				Corning	Glass	Works			
Maryland	0 = 0 >	Be (	17. Fether's Neme (First, Middle, Last	)				18. Moth	er's Name	(First, Middle,	Meiden Sumen	10)				
<u>X</u>	Ment Ment price	2		Burton Joh	n Bloug	h		Mar	y Eli:	zabeth Ba	ldwin					
a	permit. Peges 1 and 2 should be f Department of Health end Mental I Important: If item 27 ie marked of eny Injury or other traumatic eve eny Injury or other traumatic eve once.		19e. Informent's Neme/Reletionship	Type, Print)	19b	. Melling	g Address (Stre	et end Numb	er or Rura	al Route Numbe	er, City or Town,	State, Zip	Code)			
2	and ealth n 27		Mrs. Mildred V. Bl	ough			Molly Pit	cher Hw	y., G			7225				
altimore,	H fter		20e. Method of Disposition  1 D Buriel 2 D Cremetion 3 D	Removel from Stete	20b. Piece of cemeter	Dispos ry, <i>cre</i> m	sition (Neme of latory or other p	lece)		Dete	20c. Location -	City or To	wn, Stete			
	ment:		4 ☐ Donetion 5 ☐ Other (Speci		Parklaw	n Me	morial Ga	rdens	13,	/20/96	Chambersb	urg, l	PA 17201			
e C	emit epar npor ny in		21. Signeture of Funerel Service Lice	nsee		22.	Neme end Add	ress of Fecil	ity		521 S. Wa	shina	ton St			
	40500		Hotel	May		Mi	nnich-Mil	ler-May	Fune	ral Home.	Greencas	-				
			23e. Part. Enter the disease, or com	plicetions thet cause one ceuse on	the death. Do	not ente	r the mode of d	ying, such es	cardiac o	or respiretory e	rrest,		Approximate Interval Between			
	Physician		]	00	1							i	Onset and Death			
	/Medicai Examiner		Immediate Cause (Final disease or condition resulting in death)	e.	neur	AM	11è					1	IWK.			
		<u>.</u>	resulting in deetily	Due to (or es e consequence of):  b. Congestine Heart Prilline												
	nsit	Examiner		b C 0 C		ine	L. He	out	- 70	Pylle	e		( WIC.			
	al-trai	xar	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying		Due to (or es e	consequ	uence of):		(							
09/89	siciar buri	Sail	Cause (Diseese or Injury thet initieted events	C												
200	eath certificate be executed attending physician and for use es the burial-transit	edicai	resulting In death) Lest		Due to (or as e	onsequ	ience ot):									
ŏ	nding use e	≥		d												
מ	death e atten	Physician	Pert II. Other significant conditions of	contributing to death b	ut not resulting in	the un	deriving cause	niven In Pert	ı	23h Did	tobacco use co	ntribute to	the cause of death?			
7 5	lew requires that the deces been signed by the a	hys	•				, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••				bably 4 Unknown			
,	gned gned	by F														
Kecords,	v require been sig should t										en autopsy rmed?	24b. W	ere autopsy tindings eileble prior to			
2	s be	piel								porto		co	mpletion of cause deeth?			
r	0 - 6	Completed								10	Yes 20No	10	□Yes 2□No			
		Be C	25. Wes case referred to medical					26. Plec	e ot Deeth	n (Check only o	one)					
>	5 0 0	To	exeminer? 1 ☐ Yes 2☑No	Hospitel:	ent 2 ER/Ou	tpetient	3□ DOA	Other: 4 N	ursing Ho	me 5 Resid	denca 6 □Oth	er (Specif	y)			
0	ding Ph h. After th funeral		27. Menner of Deeth 1 ☑Naturel 5 ☐ Pending	28e. Dete of Inju (Month, Da)	ry 28b. 7	Time of	28c. in	jury et ork?		28d. Describe	how Injury occur	red				
0	eath. or: Af the fu	atic	2 ☐ Accident Investigatio	n		,,=.,		☐ Yes 2 ☐	No							
DIVISION	r Att	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	e 28e. Plece ot Injuding, etc	ury - At home, ta	rm, stre	el, factory, offic	8		28f. Location (: City or Tox	Street end Numb vn, Stete)	er or Rure	el Route Number,			
ב	Ital o															
	To the Hospital or Attending within 24 hours after death.  To the Funerel Director: After completely filled in by the fune	edicai	29e. Certifier 1 Certifying Pt (Check only 2 Medical Examone)	ysician: To the best on the basis of	exemination and	, deeth d/or Inve	occurred et the estigetion, in my	time, date er opinion, dec	nd plece, o eth occurr	end due to the ed et the time,	ceuse(s) end me dete end plece,	enner as s and due to	eted. the cause(s)			
	of the	Mec	29b. Signeture end title of certifier	end menner ste	3(8Q.		29c. Lice	nse number			29d. Dete signe	d (Month	Day Year)			
	F 3 F 8		· m				02		7							
				D ( U			102	-112			2/16	176	)			
			30. Name and address of person who	completed cause of d	eath (Item 23a) (		821_6	14.1	Lile	1.1-	HALE	oct-	ww.mj			
	Sta	to	31. Dete filed (Month, Dey, Year)	32. Registro	er's Signature	[2	0-1-0	JAK	$n \in$	AVZ.	MAYIE	C7100	~~·/NJ)			
	Sta Registr			1 1996	61: As :		2									
DMI	IH 16 Day 6/0			7 1000	THE PARTY OF	ALC: NO	The later									

x 5 v a s

DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NIG 5	THE HOSPITAL OR A	DE filed within 72 hours	IMPORTANT: If Item
16	1	0	

	FOR 1 • STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT		MENTAL HYGI								
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH						
	EARL SAM	UEL BEIT	ZEL		MARCH 1	2 1996 YE	9:30 A M						
		SEX 6. AGE (In yrs.	lest birthday) IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year	) (	HRTHPLACE (State or Foreign						
	174-16-0101 15	R M 2 ☐ F 77	YRS.	TOWN OR LOCATION OF DE	SEP 7, 1	918 sc. COUNTY	MD						
e B	Sacred Heart Hospi	tal		umberland		All	Legany						
<u> </u>	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CITY, TOWN O	R LOCATION			10d. INSIDE CITY						
DIRECTOR	MD	Garrett		ident-Bittir	nger Road	. Accide	1 IMITS?						
	10e. STREET AND NUMBER	- 7		101. ZIP CODE	-5		OF WHAT COUNTRY?						
FUNERAL	3299 Accident-Bitti	nger Road			21520		USA						
E	11. MARITAL STATUS 12.  1 Never Merried 2 Merried	. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	7	MAS DECENDENT OF HISPAN I yes, specify Cuben, Mexica			RACE — American Indian, Black, White, etc.						
BY	3 € Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		YES 2 NO Specify	r:		Specify: White						
	15. DECEDENT'S EDUCATION		DECEDENT'S USUAL OF		16b. KIND OF	BUSINESS/INDUST	RY						
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12)		(Give kind of work done of life. Do NOT use retired.)	furing most of working									
MPI	6		Farmer			arming							
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Mei	den Surneme)							
BE	George Beitzel  190. INFORMANT'S NAME (Type/Print)		AND MANUAL ADDRESS	Ida Mill									
2	Harland G. Beitzel,			ent-Bittinge									
	20s. METHOD OF DISPOSITION	20b. PLAC	E AND DATE OF DISPOS	ITION (Name of	DATE 20c	LOCATION - City							
	1       Buriel 2 □ Cremation 3 □ Removal     Donation 5 □ Other (Specify)	from State cemetery.	crematory or other place) Paul's Cen	., Mar 16, 1	L996 A	ccident,	MD						
	21. SIGNATURE OF FUNERAL SERVICE LICENS			NAME AND ADDRESS OF FA	CILITY								
	Al Lycul (	purnau	Ne 17	wman Funeral 9 Miller St.	L Homes, . Grants	P.A., P.	O. Box 275						
	23. PART I. Enter the diseases, or com ahock, or heart failure. List	plications that caused the	deeth. Do not enter	the mode of dying, auc	h as cardiac or re	spiratory errest,	Approximate interval Between						
	IMMEDIATE CAUSE (Final	100	- //	0			Onset and Death						
	disease or condition resulting in death)  a. Due TO (OR AS A CONSEQUENCE OF):												
_		DUE TO (OR AS A CON	SEOUENCE OF):				,						
ē	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	SEOUENCE OF):										
S	cause. Enter UNDERLYING CAUSE (Disease or Injury												
E	that initieted events resulting in deeth) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):										
CERTIFICATION	d												
AL O	PART II. Other algulificant/conditions of	ony buting to deeth buy ho	t resulting in the ur	derlying cause given in	Part I. 24a, WAS	AN AUTOPSY FORMEO?	24b. WERE AUTOPSY FINDINGS						
20	Havauce	e Emjour	sema		1 _ YE	S 2 NO	COMPLETION OF CAUSE OF DEATH?						
ME		1 /		<u> </u>		<i>r</i>	1 TYES 2 NO						
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB		ACE OF DEATH (Check	10 UNCERTAI	N 🗆								
SZ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	SPITAL:	OTHER	R:									
H	27 MANNER OF DEATH	Inpatiant 2 ER/Outpatient 26s. DATE OF INJURY	28b. TIME OF	sing Home 5 Residence 28c. INJURY AT		W INJURY OCCUR	ED						
ВУ Р	1 Natural 5 Pending Investigation	(Month, Oay, Year)	INJURY M	WORK?  1 YES 2 NO									
ED B	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, atreet, fect	ory, office	281. LOCATION (Str. City or Town, S	eet end Number or F	lural Route Number,						
	4 Homicide datarmined				Ony or rown, o								
COMPLET		N: To the best of my knowledge,											
Š	MEDICAL EXAMINER: C	On the basis of exemination end	or Investigation, in my o	pinion, death occured at the	time, date end place	, and due to the ce	use(s) end manner es stated.						
BE (	296. SIGNATURE AND TITLE OF PEROPIER	100/08	Abuth	29c. LICENSE NUI	WBER 225		GNED (Month, Day, Yeer)						
6	30. NAME AND ADDRESS OF PURSON WITH CO	DMPLETED CAUSE OF THE ON	TEM 27 OFFICE CONTRACTOR	4 1	0000	MARC	CH 12 1440						
	(10)	Se Four.	- / /	in bellar	l wd	21502							
	21. DATE PI (1907) Day 100 1556	Status and human sameha	Wall.		100	Ulus							
		1	937 33										

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	Page	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within's hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

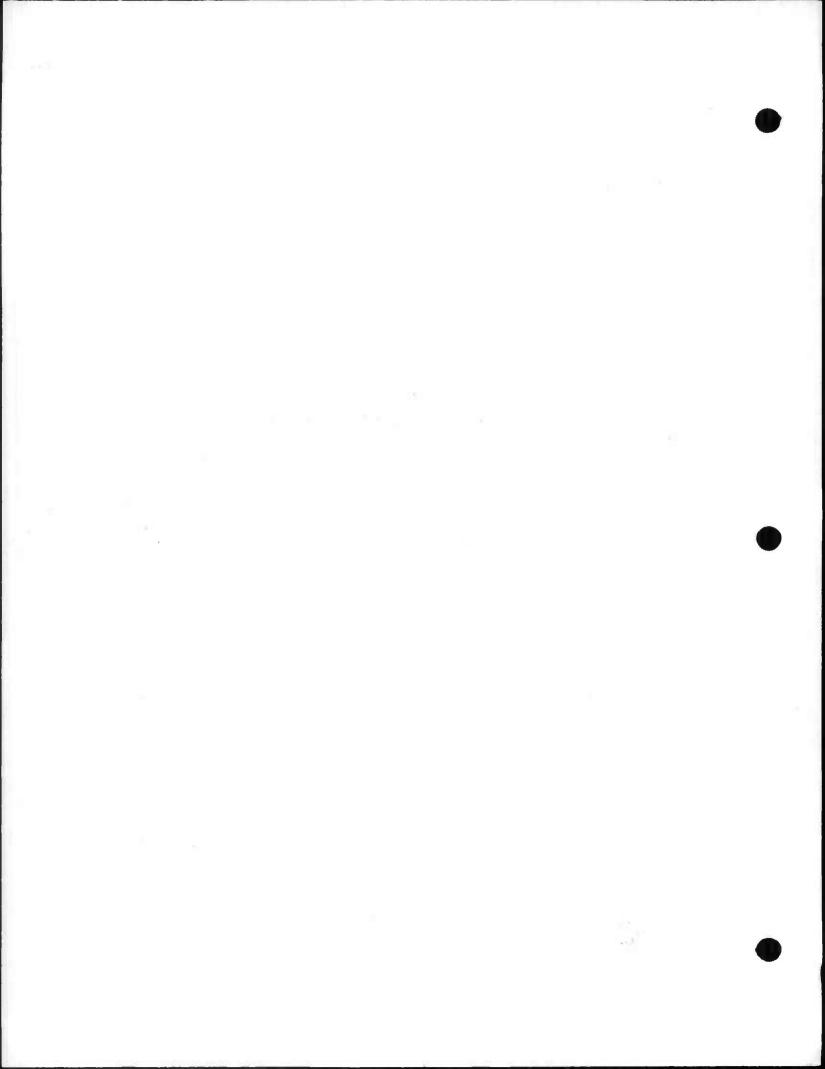
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) GRACE	Ε.	BRAD	Y		2. DATE OF MONTH	CH 15,	1996 YEA	3. TIME OF DEATH 9:45 P M
	4. SOCIAL SECURITY NUMBER 212 38 5680	5. SEX 6. AGE		NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF		0.00	RTHPLACE (State or Foreign unitry) MD
TOR	90. FACILITY NAME (If not institution, give a ALLEGANY COUNTY RESIDENCE OF DECEDENT				R LOCATION OF D BERLAND	EATN		9c. COUNTY O	
DIRECTOR	10e. STATE 10b. COUNT	egany		own on Locat erland	ION				10d. INSIDE CITY LIMITS? X    YES 2   NO
FUNERAL	100. STREET AND NUMBER 110 Potomac Stre	et :		1000	ZIP COOE 21502			10g. CITIZEN C	PF WHAT COUNTRY?
B	11. MARITAL STATUS  1 Never Married 2 Merried  X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S A NO	13. WAS DEC	ENDENT OF HISPA city Cuben, Mexico AND Specif	in, Puerto Ric	(Specify Yee o	8	ACE — Americen Indian, leck, White, etc. pecify: White
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo- tired.)	st of working			NESS/INDUSTR	Y
COMPL	12 17. FATHER'S NAME (First, Middle, Last) Charles Frank	lin England	School !	reacher	18. MOTNER'S NA	ME (First, Mic			
TO BE	190. INFORMANT'S NAME (Type/Print)  Leon G. England				nd Number or Rural	Route Number	City or Town,	State, Zip Code	
	Oc. METNOD OF DISPOSITION  Duriel 2 Cremetion 3 Rem  Donetion 5 Other (Specify)	noval from State	bb.PLACE AND DATE OF D emetery, crematory or other ZION MEMON	ial Par	k	03/19	Cum	ation – city o iberlan	
	21. SIGNATURE OF FUNERAL SERVICE LI	Scary	pell-	Cumbe	elli Fu erland, M	$^{\prime}$ D 21	.502		
EMILEICATION	23. PART Lenter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	a. DUE TO (OR AS C.	A CONSEQUENCE OF):  A CONSEQUENCE OF):	ax C	ecicle	ent			Approximate interval Between Onset and Death  ACLY  AC
MEDICAL CE	PART II. Other significant condition	na contributing to death	but npt resulting in ti	he undarlying	causa givan in		4a. WAS AN A PERFORM	IED?	24b. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN:	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RIBUTE TO CAUSE (	28. PLACE OF DEATH (		UNCERTAI	N Ø,			
PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	1 Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Yeer)	tpatient 3 DOA 4 (	Nursing Nome				JURY OCCURED	
I ED BY	2 Accident Investigation 3 Suicide 8 Could not be datermined	28e. PLACE OF INJUR building, atc. (Sp	RY — At home, term, stree		ES 2 NO		ION (Street en Town, Stele)	d Number or Rui	ral Route Number,
COMPLE	and the second s	ICIAN: To the best of my kno							le(s) and manner se stated.
וס סב ס	296. SIGNATURE AND TITLE OF CENTIFIES  VINALA A. KAN 30. NAME AND ADDRESS OF PERSON WE	rithan	DEATN (ITEM 27) (Type, Prin	nt)	29c, LICENSE NUI	318		29d. DATE SIGN	LED (Month, Day, Year)
	e-reading the property of the party of the p	JTTHAN/517 C	OLDTOWN ROA	,	ERLAND,M	D. 2	1502	•••	



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T	3	8
	P	2
	土	THE
	THE HOSPITAL	D THE FUNERAL

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AN	D MEN	TAL HYGIEN				,
- }	1. DECEDENT'S NAME (First, Middle, Last)					ATE OF DEATH			TIME OF DEA	TH
	MARY MAGDALE	N BOLLINO			MA	RCH 16,		YEAR 1	:40	Рм
		5. SEX 8. AGE (In yrs. let			s. 7. DA	TE OF BIRTH		. SIRTHPLA	CE (State or F	_
	214 32 2880 9e. FACILITY NAME (If not institution, give stree	1 M 2 X F 87	YRS. MONTHS	TOWN OR LOCATION OF	MA	onth, Day, Year) Y 28, 19		Country) IARYLA Y OF DEATH		
۳.	107 FOREST DRIVE			VALE	DEATH			EGANY	•	
DIRECTOR	RESIDENCE OF DECEDENT						ALLE	EGANI		
뿐	10e. STATE 10b. COUNTY		10c. CITY, TOWN					10d	. INSIDE CIT	Υ
		GANY	FROST					1 🔀	YES 2	NO
RA	10s. STREET AND NUMBER			101. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?	
FUNERAL	75 WEST MAIN ST			21532				S.A.		
	1 Never Married 2 Merried	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X	NO	WAS DECENDENT OF HIS It yes, specify Cuban, Me:	xicen, Puer	GIN? (Specify Yes to Rican, atc.)	or No— t	4. RACE — A Black, Wh	American Indi	ien,
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2 X NO Sp	eclly:			Specify:	HITE	
8	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION 16a. DE	CEDENT'S USUAL O	CCUPATION		16b. KIND OF BUS	SINESS/INDU			-
			ive kind of work done  Do NOT use retired.)	during most of working		COUNTY S	SCHOOL	S AND		
MP	5+	TEAC	CHER			JNIVERS				
COMPLET	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S	NAME (Fin	st, Middle, Maiden	Surname)			
BE	PATRICK F. DRUM					NE DURK				
2	19e. INFORMANT'S NAME (Type/Print)			S (Street end Number or Ru						
- 1	DR. ANTHONY J. BOL	LINO, JR. 10	07 FOREST	DRIVE, SU	NSET	VIEW, I	LaVALE	, MD	21502	
	20e. METHOD OF DISPOSITION 1 □XBuriel 2 □ Cremation 3 □ Remove	of from State 20b. PLACE /	AND DATE OF DISPOS	SITION (Name of	0	ATE 20c. LO	CATION — CI	ly or Town, !	State	
	4 Donation 8 Other (Specify)	JST. MI	LCHAEL'S	CEMETERY,	3/20/	96 FROS	TBURG	, MD	2153	2
	Yhile	$-\infty$	SO SO	WERS FUNER	AL HO	ME. P.A				
	1 / Louge	111. XXOW	ew/ 60	W. MAIN S'	Г., Е	ROSTBUR	G. MD	2153	2	
	IMMEDIATE CAUSE (Final disease or condition	t only one cause on each line	).					nt,	Approxim Interval B Onset and	etween d Death
	resulting in death) a.	DUE TO OR AS A CONSEC	OUENCE OF)	note Co	nc	mma	. 1		6ul	2
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate	DUE TO (OR AS A CONSE	DUENCE OF):							
S	CAUSE (Disease or Injury							ļ		
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):							
5	d.									
AL (	PART II. Other algnificent conditions of	ontributing to death but not r	esulting in the un	derlying ceuse given	In Part I.			24b. WER	E AUTOPSY F	INOINGS
Š						PERFOR		COM	LABLE PRIOR	
MEDIC						1 0 123 2	200	l .	DEATH?	NO.
ž	DID TOBACCO USE CONTRIB	SUTE TO CAUSE OF DEA	TH YES 🗆 I	NO 1 UNCERTA	AIN 🗆				100	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28. PLAC	E OF DEATH (Check					1		
is I	4 17 1/20 4 17 1/24	OSPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 Num	R: sing Home 5 1 Resident	ce 6 🗆 O	ther (Specify)				
E	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	26c. INJURY AT WORK?	28d. E	ESCRIBE HOW IP	JURY OCCU	RED		
B	1 Natural 5 Pending 2 Accident Investigation		M.	1 YES 2 NO						
COMPLETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	me, farm, street, fact	ory, office		OCATION (Street e ity or Town, State)	nd Number or	Rural Route	Number,	
2	29e. CERTIFIER (Check only 1 GERTIFYING PHYSICIA	N: To the best ot my knowledge, de	ath occurred at the t	ime date and place and	tun to the	naman(a) and				
Š		On the beels of examination end/or i							manner as a	tated
	29b. SIGNATURE AND TITLE OF CERTIFIER	1.		29c. LICENSE N		1				- Jiedi
8	ant M	elles n 9	()		756	-	ZVG. DATE S	1 40	th, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON HO	OMPLETEO CAUSE OF DEATH (ITE	M 27) (Type, Print)	1 01	130	,		77	96	
	ANTHONY J. BOLLING	,		NT 6- 6	7778 670	D7 43**		-00		- 1
	31. DATE FILED (Month, Day, Year)	32 AEGISTDAD'S BIGNATINGS		RICK ST. (	UMBE	KLAND.	MD 21.	002	<del></del>	-
	MAR 2 0 1996	Jahr Berthan To	Brands							- 1



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or requirement. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	CTATE	OF BAAT	OVI AND	, ,	DEDAG	THEFT	05	115 41 711	4 1 1 1 1	BACHTAL	IIVOIENE
	SIAIF	UF MAI	TILANU	ΙI	UEPAH	IMENI	UF	HEALIH	ANU	MENIAL	HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.				
1. DECEDENT'S NAME (First, Middle, Last	R. Con				2. DATE OF DEATH	9,19	96	2123 Lory		
4. SOCIAL SECURITY NUMBER 223-42-5767	1 x M 2 D F 6	2 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	May 20,	1933	Frank	ACE (State or Foreign Lin, KY		
9a. FACILITY NAME (If not institution, give Malcom Grow Hos RESIDENCE OF DECEDENT 10a. STATE 10b. COUN				Springs			inty of dea	eorges		
10a. STATE 10b. COUN	N/A		TOWN OR LOCA	on, D.C				Od. INSIDE CITY LIMITS?  YES 2 NO		
				. ZIP CODE	0012			AT COUNTRY? States		
10e. STREET AND NUMBER 7709 14th Stre 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	It yes, sp		ANIC ORIGIN? (Specify en, Puarto Rican, etc. lly:		14. RACE - Black, 1 Specify:	- American Indian, White, etc. Black		
15. DECEDENT'S ED (Specify only highest graves and specify only highest graves)  Elementary/Secondary (0-12)  1 2  17. FATNER'S NAME (First, Middle, Last)	de completed)  College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use National	rk done during m retired.)	ist of working		BUSINESS/IN		ent		
17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Me	iden Sumame)				
Clarence Conn					ie Young					
19a. INFORMANT'S NAME (Type/Print) Patricia C. Con	n/Wife				chmond, V			225		
20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation	20h	PLACE AND DATE OF elery, cremetory or othe Ving Char	DISPOSITION (N	eme of	DATE 20c	LOCATION -	- City or Town			
21. SIGNATURE OF FINERAL SERVICE.			22. NAME A	ander S.		eral I	lomes			
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST										
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition					PEF 1   YE	S AN AUTOPSY RFORMED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATN	(Check only one							
DID TOBACCO USE CON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNEBOF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN	JURY AT DRK?	9 8 ☐ Other (Specify) 2®d. DESCRIBE H	OO YRULNI WO	CCURED			
9 Culable -	26a. PLACE OF INJURY building, etc. (Spec	— At home, term, str	eet, factory, offi	te .	261. LOCATION (St. City or Town, S		er or Rural Ro	ute Number,		
0001	SICIAN: To the best of my knowl NER: On the basis of axamination							end manner es stated.		
296. SABNATURE AND TITLE OF DERTIFIED  OLUGICADE TOTAL GRAPH WITH THE SAME SIGNED (Morith, Day, Your)  OLUGICADE TOTAL GRAPH WITH THE SAME SIGNED (Morith, Day, Your)										
30 NAME AND ADDRESS OF PERSON W	IN JULI IN	ATH (ITEM 27) (Type, F	Pay h	um Ca	L. Cp 5,	n. Me	d 20.	748		
MAR 12 1996	HEGISTRAR'S SIGN.	ATUBE OF THE PARTY								

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 09044

						Cert	ificate of	Death			Reg. No.		
			1. Decedent's Neme (First, Middle, La	st)						2. Dete of De			3. Time of Deeth
	Physic		Edith W.		Culpep	per				Month	Dey 4 19	Year 996	5:45 P.M.
	/Medi Exami		4e. Facility Neme (If not institution, giv	e street end number)		-		4b. City, To	wn, or Lo	cation of Death		ty of Death	J.45 I.m.
	LAGIIII	ICI	Annapolis Nursi	ng & Rohah	Center			Annap	nolie	2		e Arı	ındel
	Funerai				(In yrs. last bir	thdev)	if Under 1 Year						
	Director			IDM 2TE			Months Deys	Hours	Min.	8. Dete of Birt (Month, De NOV . 2		Cou	place (Stete or Foreign ntry)
_			Usuei Residence of Decedent	<u>_</u>	01			1		NOV. Z	1094	ILIN	NESSEE
	ylanc m		10e. Stete 10b. County		10c. City, Tow	n or Loca	ation	_	-				10d. inside City Limits
	Men.	tor	MARYLAND ANNE AR	IINDFI	ANNAPO	TTC							1 ☐ Yes 2 No
	158 Ba	Director	10e. Street and Number	CNDEL	ANIMAL	ПТО	10f. Zlp Code				10g. Citizen of	Whet Cou	ntry?
	With N		900 VAN BUREN ST	יסבביי			100	1403					
	ter death with the Merylan Items 23a or 28a-f show Inst. must be not ved	Funeral	11. Maritei Stetus	12. Wes Decedent E	ver in II S	13 W	es Decedent of I		ain? (Sne		UNITED	SIAI.	
	ter d	뒫	1 Never Merried 2 Merried	Armed Forcas? 1 ☐ Yes 2 No		lf v	Yes, specify Cub	en, Mexican	, Puerto	Rican, etc.)	Bio	eck, White,	
20	72 hours after death with the Meryland natural', or items 23a or 28s-f show size Examiner must be notived at	by	3 ♥ Widowed 4 □ Divorced	If Yes, Give Yeer or Detes:		1[	☐ Yes 2∏ No	Specify:			Speci		
ŏ	natural',	2	15. Decedent's Ed		160	Decede	nt's Usuei Occup	netion			16b. Kind of I		LACK
21215-0020	-	Completed	(Specify only highest gra	ide completed)		(Give ki	ind of work done  NOT use retire	during most	t of worki	ing	100.11110	Duomioou ii	iddotty
212	i within jiene. r then	E	Elementery/Secondary (0-12)	College (1-4or 5+							DD T 17	יים איי	NDUSTRY
	be filed ntal Hygin d other event, to		17. Fether's Neme (First, Middle, Last,	)	וטת	SEKI	EEPER	18. Mothe	r's Neme	(First, Middle,			MADOTKI
Maryland	D % D S	o Be	TIMENOUN							100		,	
7	d 2 should th and Men 7 is merke traumatic	10	UNKNOWN  19e. tnforment's Neme/Reletionship (	Type Print)	106	Meiling	Address (Street			WILSON	or City or Town	o State 7	n Code)
2	12 Te											1, State, 24	o Code)
	- PE E		GAY GRIZZELL, GRE 20e. Method of Disposition	AT GREAT N	20h Pleca 0	Disposi	tion (Name of	BERE	A,_0	HIO 44 Dete	017 20c. Location	- City or T	our State
Ö	of of		1 X Burlei 2 ☐ Cremetion 3 ☐	Removel from Stete	cemete	y, creme	tory or other ple	ce)	1	Dete	200. Location	olly of th	Own, Stele
tin tin	tmer tant		4 ☐ Donetion 5 ☐ Other (Specif		LINCO					3/11/9	SUITL	AND,	MARYLAND
Baltimore,	permit. Peg Department Important: I any injury c		21. Signeture of Funerei Service Licer	1500			Name end Addre			HOME	TNC		
	707 e d		/ Maisa	Duties	res							MARVI	LAND 20722
			23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	plicetions that caused to	the dueth. Do							1	Approximete
C	Physician		shoot, or really failule. Elst only	One couse on econ and		1	+	1				1	tritervsi Between Onset and Death
	/Medical	П	immediate Cause (Final disease or condition	10	6	/9	Fool	1100	2			1	6 maille
	Examiner		resulting in deeth)	e /CE	wante	/	Rece	uca					O INOMINA
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	d d ansit	표	Cognentially list and distance	b. //	ue to (or es a	SORROLL S	ance of:		-			110	eny years
ć	exec n en iaf-tr	Examiner	if eny, leeding to immediate	55.5	ion in (or es a i	zon isaqui	Bride ory.					1	//
68760,	entificate be executed ding physician end se as the burial-transit	edical	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	C	ue to (or as e o	00000011	anno off:					+	
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ŏ	0 25	M		d									
m	death of attended for us	Physician	Deat II Other standfleen and distance		and the second second					1 001 014			
o.	het the death ed by the atte detached for	ys	Pert ii. Other significant conditions of	ontributing to death but	not resulting is	the und	lerlying cause giv	ven in Pert i.					o the causs of death?
٥.	ed by detac		1.0	a city	100					10	Yes 2 No	3∐ Pro	bably 4 Unknown
Records,	requires thet the een signed by th hould be detache	d by		1						240 1450-	en autopsy	24h M	ere autopsy findings
Ö		ete									med?	8/	veilable prior to
Sec.	0 0 CV	Completed											death?
=	T age	ပ္ပို								101	res 2 X No	11	☐ Yes 2☐ No
Viita	yalclen: The sectificate director, page	Be	25. Was case referred to medical exeminer?				,	28. Placa	of Deeth	n (Check only o	ne)		
-	5 00	일	1 ☐ Yes 2 ☐ No	Hospitei: 1 ☐ inpatien	t 2 ER/Ou	tpatient	3□ DOA Oth	ner: 4 🔯 Nu	rsing Ho	me 5 🗆 Resid	lence 6 🗆 Ot	ther (Speci	(h)
n of			27. Menner of Death 1 Neturei 5 Pending	28e. Dete of trijury (Month, Dev		Time of	28c. inju	ry et		28d. Describe I	now injury occu	urred	
ō	Attending or death. ector: After by the fune	atic	2 ☐ Accident Investigetion			i qui y		Yes 2□I	No				
Division	or Attendent efter deat Director:	tific	3 ☐ Suicide 6 ☐ Could not be determined	Zoe. Pleca of injul	y - At home, fa	rm, stree	t, fectory, office			28f. Location (5 City or Tox	Street end Nun	ber or Run	al Route Number,
	s effer il Direction by	Certification:	TOTAL CONTROL OF THE PARTY OF T	bullding, etc.	(Specify)					City of 100	m, Siele)		
	To the Hospital or Attant within 24 hours efter deatl To the Funeral Director: completely filled in by the		29e. Certifier 12 Certifying Ph	yalcian: To the best of	my knowledge	, deeth c	occurred et the tir	me, dete en	d piece,	end due to the	ceuse(s) end n	nanner as a	steted.
	n 24 n 24 ne Fu	edical	(Check only 2 Madtcat Examone)	niner: On the basis of e end menner sim	examinetion end.	decinve	stigetion, in my o	pinion, deel	th occurr	ed et the time,	dete end plece	, and due t	o the cause(s)
	within To the comple	X	29b. Signature and title of entities	///	(	11	29c. Licens	se number			29d. Date sign	ed (Month,	Dey, Year)
			1/1/1	last.		X	N DO	15102			Maral	6 1	006
2	(i)		20 Name and address of a set of	coul	ca	7		05192			March	0, 1	770
1	(7)		30. Neme and eddress of person who				-	A	(41	0-268-7	(576)	1401	
		40	Richard I. Hoch 31. Dete filed (Month, Day, Year)		16 Muli 's Signetu <u>re</u>	ray	Avenue	Anna	hoT1	s, mary	Tand 2	1401	
	Sta Registr		MAR 11 1996	Shirt	s Signetura	64							
	ricgisti	GII .	WINN II 1996	0									

Bert Root II vo

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State of Maryland / Department of Health and Mental Hygiene.

_	·		Certificate of Maryland / Department of Certificate of			giene 96	09045
	Physic		Decedent's Name (First, Middle, Last)     Margaret Alice Clayton		2. Date of Dee Month March	Dey Yeer 10, 1996	3. Time of Death
V	/Medi Examir		4e. Fecility Neme (if not institution, give street and number)	4b. City, Town, or Lo			
	LAGIIII	ici	6304 46th Avenue	Riverdale		Prince Ge	
Н	Funerai		5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) if Under 1 Yea	r if Under 24 Hrs.	8. Dete of Birth (Month, Day		rthplace (State or Foreign ountry)
	Director		218-32-4892 1□ M 2\RF 78 Yrs. Months Deyr	s Hours Min.	Sept. 2	22, 1917 Ma	ountry) aryland
	hand ow		Usuel Residence of Decedent  10a. Stete 10b. County 10c. City, Town or Location				10d. Inside City Limits
	Man	Director	MD Prince George's Riverdale				1≅Yes 2□No
	r 28	ire	10e. Street end Number 10f. Zip Code			10g. Citizen of Whet C	ountry?
	23a c		6304 46th Avenue 20737			U.S.A.	
0	permit. Peges 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Neme 23a or 23a-f show any Injury or other traumatic event, the Medical Examiner must be notified at announce.	/ Funeral	1 Never Merried 2 Merried 1 Yes 2 No	Hispenic Origin? (Spe ben, Mexican, Puerto I Specify:	cify Yes or No- Rican, etc.)		te, etc.
90	hours fural',	ed by	3 L/LWidowed 4 LI Divorced Year or Detes:			Specify:	White
Maryjand 21215-0020	within 72 iene. than "na	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  College (1-4or 5+)  Homemaker	e during most of working)	ng	Own Home	vindustry
D	Hyg offi-	Be C	17. Fether's Neme (First, Middle, Last)	18. Mother's Neme	(First, Middle,		
ian	Aental rked tic ev	To B	Albert James McKenzie	Alice Ma	arie Ro	bison	
any	sho & man		19e. Informent's Neme/Reletionship (Type, Print)  19b. Meiling Address (Street	et end Number or Rura	l Route Numbe	r, City or Town, Stele,	Zip Code)
Σ	and salth		Karen M. Johnson / Daughter 6304 46th A	venue, Rive	erdale,	Maryland	20737
ore	of He		20e. Method of Disposition 1 🔀 Buriai 2 🗆 Cremetion 3 🗆 Removel from State 20b. Place of Disposition (Name of cemetery, cremetory or other pi	(ece)	Dete	20c. Location - City or	Town, Stete
E	ment ment jury		4 □ Donetion 5 □ Other (Specify) Fort Lincoln Cem		14/96	Brentwood,	Maryland
Baitlmore,	Depar Impor any in			ress of Fecility Asch's Sons Amore Avenu			
	7 9		23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dy shock, or heart feliure. List only one cause on each line.	ling, such es cardiac o	r respiretory er	rest,	Approximete interval Between
	Physician /Medical Examiner		immediate Cause (Final disease or condition resulting in death)  The to (or as a consequence of the condition of the conditio				Onset end Death
	EVE	Jer	Due to (or es a consequence of):				
	death certificate be executed e ettending physician end of for use es the burla-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury				
58760,	nysiciar ne buri	edicai	cause. Enter Underlying Cause (Disease or Injury thet initieted events resulting in deeth) Last  Due to (or es e consequenca of):				
	entifica ding pt		d				
Box	eth certif ettending for use er	Physician/M	<u> </u>				
o.	0 0 D	ysic	Pert ii. Other eignificant conditions contributing to death but not resulting in the underlying cause g	jiven in Pert i.			to the cause of death?
S, D	signed by	by Pt			101	/ee 2□No 3□F	robably 4 4 thknown
ecord	aw request section and section	Completed			24a. Was a perfor		Were autopsy findings eveileble prior to completion of cause of death?
	The ate h	Con			1 🗆 Y	es 2 ANO	1 ☐ Yes 2 ☐ No
Vitai	ysician: The I s certificate he director, page	Be	25. Wes case referred to medical exeminer?	26. Plece of Deeth	(Check only of	ge)	
	Physician: r this certific rral director,	2	1  Yes 2 No Hospitel: 1 inpatient 2 ER/Outpatient 3 DOA O		ne 5 Alesid	enca 6 Other (Spe	acity)
lon	D 0 0	ation:	Z LI Accident	ury et 2 ork? ☐ Yes 2 ☐ No	8d. Describe h	ow Injury occurred	
Division of	5 4 5 5	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Pleca of injury - At home, farm, street, fectory, office building, etc. (Specify)	2	8f. Location (S City or Tow	itreet end Number or R n, Stete)	tural Route Number,
	To the Hospital within 24 hours a To the Funeral I completely filled	edical	29e. Certifier (Check only one)  1. Certifying Physician: To the best of my knowledge, deeth occurred et the to the basis of examination and/or investigation, in my end manner steted.	time, dete end plece, e opinion, deeth occurre	nd due to the o	euse(s) and manner a dete end plece, and du	s stated. e to the cause(s)
	To the Within 2 To the comple	M	29b. Signature and title of certifier 29c. Licer	nse number		29d. Date signed (Mon	
	(2)		Mougas to Longuegus 62.	1230	1	Parely 10	1996
	(8)		30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)	-			
			Dr. Augusto P. Rodriguez, M.D. 5009 Rayburn	Court, Ca	mp Spri	ngs, Maryl	and 20748
	Sta Registr		31. Date filed (Month, Day, Year)  MAR 11 1996  31. Registrer's Signature				

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## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

ne 96 09046

					Cer	tificate of	Death	R	eg. No.	0 0.	040
П	4		Decedent's Neme (First, Middle, Last)					2. Date of Deet Month		Year 3. 1	Time of Death
	Physic /Medi		GENEVA	C	ARTER			MARCH 7			.30 PM
	Exami		4a. Facility Neme (If not institution, give street en	d number)			4b. City, Town, or L	ocation of Death	4c. County of	of Deeth	
	c	,	Prince George's	Hospita	1		Cheve	rly	Princ	e Geo	rge's
	Funeral Director		5. Sociel Security Number  214-28-9140  Usuel Residence of Decedent	7. Age (In yrs. I		Months Deys		8. Dete of Birth (Month, Day, May 26	Year) , 1909	9. Birthplece ( Country) Mar	Stete or Foreign yland
	dand ow		10a. Stete 10b. County		, Town or Loc	ation				10d. In	side City Limits
	Man H	ţ	Maryland Prince Ge	orge	La	ndover				11	X Yes 2 □ No
	h the	Director	10e. Street and Number			10f. Zip Code		1	0g. Citizen of W	fhet Country?	
	h wit		1205 Hill Road				20785			USA	
	dea E	Funerai		Decedent Ever In U.	S. 13. V	Ves Decedent of I	Hispenic Origin? (Speen, Mexican, Puerto	pecify Yes or No-	14. Rece	- American Inc k, White, etc.	dian,
Maryland 21215-0020	n 72 hours after death with the Maryland "naturel", or items 23s or 28s-f show edical Examiner must be notified at	by	1 Never Merried 2 Merried 1 Yes	es 2000 s, Give or Detes:		Yes 2000		o mican, etc.		Blac	ĸ
5-0	72 ho	Completed	15. Decedent's Education (Specify only highest grade comple	ted)	16e. Deced	ent's Usuei Occu	petion	kina	16b. Kind of Bu	siness/Industry	
21	-= -	ğ	Elementery/Secondery (0-12) Coile	ge (1-4or 5+)			during most of worked)				
7			6th 17. Fether's Neme (First, Middle, Last)		Food	Servi	ce Super			ernmer	1t
and	2 2 0 5	Be	David Forrester					ne (First, Middle, F stilia		9)	
2	d 2 should be th and Mantel 7 is marked o traumatic eve	T <sub>o</sub>	19e. tnforment's Neme/Reletionship (Type, Print)		10h Mailin	- Address /Stree	t and Number or Ru			State Zin Code	
Ma	47		Geneva Gray/Daughte				lia Driv				•
ē,	- 9 E E		20e. Method of Disposition	20h. Pl	lece of Dispos	sition /Neme of			20c. Location - (		
Baltimore,	Pages nent of I int: If Its iry or o		12 Buriel 2 ☐ Cremation 3 ☐ Removel f 4 ☐ Donetion 5 ☐ Other (Specify)	rom Stete	emetery, crem	etory or other ple	emetery3			on, MI	
	교 된 된 등		21. Signeture of Funerei Servica Licensee	I.C.S		Neme end Addre			CIIIIC	OII, III	,
ä	Depa Impo any is		Nanay A Percer	tie	J	. B. J	enkins H ndover H				
	Physician /Medical Examiner	iner	Immediate Cause (Finel disease or condition resulting in death)		aters	/	12 neum	monite	4		et and Deeth
Box 68760,	leath certificate be executed ether ettending physician end for use as the burial-transit	an/Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underfug Cause (Disease or Injury thet initiated events resulting In deeth) Lest	M	es á consequences es e consequences	tate	Ceng	Raveir	nema		
	he death the etter	Sici	Pert It. Other significant conditions contributing	to deeth but not resu	ilting In the un	derlying cause gi	iven in Pert t.	23b. Dld to	bacco use con	tribute to the o	cause of death?
s, P.O.	# 40 E	by Physician/	Sepsie , Drabe	See niell	itus,	COP	0	1 🗆 Y	es 2 No	3 Probably	4 🗆 Unknown
Division of Vital Record	e law requires that has been signed i je 2 should be det	Completed	Sepsie, Drabe Coronary arte	ny der	ease	, Hypo	glycen	24e. Wes e perform		avelleble	on of cause
<u> </u>	The ate h	Con	Coma.					1□ Y	es 2 No	1 🗆 Yes	2□ No
/ita	lician: The certificate rector, pag	Be	25. Wes case referred to medical exeminer?				26. Place of Dee	th (Check only on	16)		
of	S or O	ို			ER/Outpetient	3LI DOA		ome 5 Reside			
UC.	ling P	inoi in		Pete of injury Month, Dey Year)	28b. Time of Injury	28c. Inju		28d. Describe ho	ow injury occurre	ed	
ivisio	or Attending I after death. Director: After in by the funer	Certification:	2 Accident Investigetion 3 Suicide 6 Could not be determined 28e. P	leca of Injury - At ho uilding, etc. (Specify	me, ferm, stre		Yes 2 No	28f. Location (St City or Town		er or Rural Rou	te Number,
	Hospita 14 hours Funeral tely filled	edicai Ce	29a. Certifier (Check only one) (Check only one)	the best of my knowne basis of examination	vledge, deeth ion end/or Inv	occurred et the ti estigetion, in my	ime, date end plece opinion, death occu	end due to the corred at the time, d	euse(s) end mar ate end place, e	nner as stated. and due to the c	euse(s)
Ĭ	To the within 2 To the comple	Mec	29b. Signeture end title of certifier	Las M	0	29c. Licen	se number 2 4 7 2 0	2	9d. Date signed	(Month, Day, 1)	(ear)
	(6)		30. Name and address of person who completed	cause of deeth (Item	23e) (Type 5	Print)					
	(0)		havinder Rustag	I MD 6	132	Lando	ver Rd	Cheve	rug,M	0 20	785

DHMH 16 Rev 6/95

State Registrar

HAM DE 1546 July State of warmaning

.

9 1514

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

08:15 AM

REG. NO.

2. DATE OF DEATH MONTH March 3

7. DATE OF BIRTH (Month, Day, Year)

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

538 84 7824

1. DECEDENT'S NAME (First, Middle, Last)

Chow-Nie

-		538 84 7824		1 M 2 TF	70	YRS.	MONTHS	UATS	HOURS	N	lov. 26,	1925	China	a
should	1	9a. FACILITY NAME (If not ins	stitution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF DEAT		-	NTY OF DEAT	н
2, 3	OR	Laurel Reg		Hospital			)	Laure	e1			Pri	nce Ge	eorge's
	ᇈ	RESIDENCE OF DEC	EDENT 10b. COUNTY			10a CIT	V TOWN	OR LOCA	TION					
permit. Pages 1,	DIRECTOR	Maryland		e George'	S		eenl		IION					d. INSIDE CITY LIMITS? YES 2 NO
EL BELL	AL	10e. STREET AND NUMBER						10	. ZIP CODE			10g. CIT	IZEN OF WHA	T COUNTRY?
n. ansit	Ē	23 G. Ridge	e Road						207	770		Ch	ina	
hours after death. Page 6 may be retained by the hospital or attending physician.  or the funeral director, page 5 should be detached for use as the burial-transit or removal.  medical examiner must be notified at once.	BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 3  Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAY	YES 2	NED NO	13	If yea, sp			ORIGIN? (Specify Puerto Rican, etc.)		Bleck, W	American Indian, Thita, alc. Oriental
atten Se as	ED		EDENT'S EDUC		16a. O	CEDENT'S	USUAL (	OCCUPATION TO	ON ost of working		16b. KIND OF	BUSINESS/INI	DUSTRY	-
the hospital or att detached for use once.	LET	Elementary/Secondary (0-		College (1-4 or 5+)	ille	. Do NOT u	se retired.	)	701 D7 9701101	·9				
ched	COMPL		0		Н	omema	ker				Own	Home		
detach	8	17. FATHER'S NAME (First, Mi	iddle, Last)						16. MOTI	HER'S NAME	(First, Middle, Maid	den Surneme)		
d by t	BE	Unavailabl							Į	Jnava:	ilable			
5 should notified	10	19a. INFORMANT'S NAME (7)									ite Number, City or			
y be re age 5	-	Chi-Chao W				930 S	t. (	Georg	ge Ba	rber	Rd. Dav:	idsonv	ille N	d. 21035
leath. Page 6 may be funeral director, page xaminer must be		20a METHOD OF DISPOSITI 1 Burial 2 Crematio 4 Donation 5 Other	n 3 🗆 Reme	oval from Stata	206. PLACE cometery, co Laker	emetory or o	ther place	a.l		dens	3/9/96		city or Town,	
. Pag ral di		21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	_		22	, NAME A	ND ADDRE	SS OF FACIL	JTY			
death. Pag e funeral dii II. examiner		Kolunt	6	Irimo	Page	- /					s Funera			
d in by the or removal.		23. PART I. Enter the di	seeses, or o	complications that	csused the d	esth. Do	not ente	or the mo	ode of dv	apoll	s Rd. Bo	spiratory ar	rest.	Approximata
th certificate be executed within 24 cending physician and completely fills I Hygiene prior to burial, cremation, or other traumatic event, the	CERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list conditif any, leading to immecause. Enter UNDERLYI CAUSE (Disease or injuthat initiated eventa resulting in death) LAS	dons, diata	b. Meta Due to (c	OSE OR AS A CONSI	OUENCE CO LIC OUENCE CO AL	DF):	len	J.	Ca	rein	ons	7	intarval Betwee
that ed by th an	MEDICAL C	PART II. Other significa	nt condition	a contributing to d	eath but not	reaulting	in the s	ınderlyin	ig cause	given in Pr	PER	AN AUTOPSY FORMED?	AM CC OF	ERE AUTOPSY FINDING MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
requires been sign of Heath		DID TOBACCO U	SE CONTI	RIBLITE TO CAL	ISE OF DEA	ATH Y	FS 🗇	NO F	Z IINO	ERTAIN	_		1	YES 2 NO
has be Dept.	AN	25. WAS CASE REFERRED TO		CIDOTE TO CAC		CE OF DE				EKIAN				
SICIAN: The law requestricate has been on the State Dept. of the of them 23 should be supply of the	SICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatlant	3 🗆 DOA	OTHE 4   N		ne 5 🗆 Re	saldence 6	Other (Specify)			
SICIA certif h the	РНУ	27. MANNER OF DEATH		26a. OATE OF II	NJURY	28b. TH	WE OF	28c. IN.	JURY AT	T .	ad. DESCRIBE HO	W INJURY O	CCURED	
ther this ceath with marked,			Pending Investigation	(Month, Day	( Tear)	livi	JURY		ORK? YES 2	] NO				
OR ATTENDING PHYSIC DIRECTOR: After this cer hours after death with th item 28 is marked, o	ED BY	3 Suicide 6	Could not be determined	28a. PLACE OF building, et		ome, ferm,	atreet, fa	ctory, offic	Ce	2	City or Town, Si	eat and Number ate)	er or Rural Rout	a Number,
OR DIR Hour	COMPLET	one) —		CIAN: To the best of n										
HOSPITAL FUNERAL Within 72	8	2 V MEO		R: On the beals of exa	mination and/or	Investigati	on, In my	oplnion,	death occu	rad at the tir	ne, date and place	, and dua to t	the cause(a) ar	nd manner as stated.
THE HOSPITAL TO THE FUNERAL BE filed within 72 IMPORTANT. IF	TO BE	296, SIGNATURE AND TITLE ASSELVE	of CERTIFIE	mar /	Zum	ice	2		29c. LIC	372	ER TO	29d. DA	3131	onth, Day, Year)
3)	F	30. NAME AND ADDRESS OF ASH WAN!	E PERSON WH KUM	O COMPLETED CAUSE	OF DEATH (IT)	304		אנים	ITA	m Ro	AO PR	KADE	HA 2	21122
		31. DATE FILED (Month, Day,	1996	PAREGISTRAN	S SIGNATURE	44		+111						

Chang

6. AGE (In yrs. last birthday)

70

YRS.

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? China 14. RACE — American Indian, Black, White, alc. Specify: Oriental BUSINESS/INDUSTRY Town, State, Zip Code) idsonville Md. 21035 LOCATION - City or Town, State Davidsonville Md. al Home, P.A. owie Md. 20715 sspiratory srrest, Approximata interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO OW INJURY OCCURED reet and Number or Rural Route Number, Itale)

PITAL OR ATTENDING PHYSICIAN: Th	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to buriat, cremation, or removal.	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE F	be filed w	IMPORT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEI	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		NTAL HYGIENI REG. NO.		
		AE CALDERWOO				RCH 15,		3. TIME OF OEATH 12:45 PM M
	4. SOCIAL SECURITY NUMBER 071-09-1776  90. FACILITY NAME (If not institution	1 🗆 M 2 🗶 F	8 YRS.	ONTHS DAYS	MIN MIN	Month, Day, Yber)		BIRTHPLACE (State or Foreign Country) VEW YORK
CTOR	9319 WOODLAND	ROAD			MFRET		CHARL	
DIRECTOR	MARYLAND	CHARLES	9 2 3	MFRET				10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
FUNERAL	9319 WOODLAND	ROAD		10f. 2	20675			ED STATES
BY	11. MARITAL STATUS 1  Never Merried 2 X Merrie 3  Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 100	If yes, spec	IDENT OF HISPANIC O Ify Cuben, Mexican, Pu X NO Specify:		or No — 14	PACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. OECEOENT (Specify only higher Elementary/Secondery (0-12)	T'S EDUCATION est grade completed)  College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of won life. Do NOT use n	k done during most	of working	16b. KIND OF BUS	INESS/INDUS	TRY
MPL	12 17. FATHER'S NAME (First, Middle, I	0	B00KKI					'S HOSPITAL
BE CO	NATHANIEL BANK			- 1	GERTRUDE	,	Surname)	
TO B	194. INFORMANT'S NAME (Type/Pri DAVID E. CALDE	•			ROAD, POM			
	MATEUR OF DISPOSITION  A Burlel 2   Premetion 3  4   Donetion 5   Other (Special Septiments)  21. SIGNATURE DEFUNERAL SERVINGB  MARK G.	ryce yorksee	INITY MEM	GARDEN THE HUN		8, 1996 L HOME,	WALDOR	RF, MARYLAND  20604
CERTIFICATION	23. PART I. Enter the disease shock, or heart f IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	۵	each line.				atory srread	t, Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL CE		contributing to deeth			Ceuse given in Pari	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 X NO	HOSPITAL: 1   Inpetient 2   ER/Out		THER:	8 X Residence 8 🗆	Other (Speciful		
	27. MANNER OF DEATH  1 X Netural 5 Pendi	28e. DATE OF INJURY	28b. TIME (	OF 28c. INJUI	RY AT 280	d. DESCRIBE HOW IF	NURY OCCUP	RED
TED BY	2 Accident Investor 3 Suicide 6 Could 4 Homicide determ	not be 28e. PLACE OF INJUR building, etc. (Spi	Y — At home, ferm, stre	eet, fectory, office	261	LOCATION (Street e City or Town, State)	nd Number or	Rural Route Number,
COMPLETED	10000	G PHYSICIAN: To the best of my know						
TO BE (	29b. SIGNATURE AND TITLE OF C	M- 160	<b>~</b>		D2-8-3	1-5		CH 16, 1996
	KRISHAN MATHUR	, M.D., CAMBRID			00 OLD WA	SH. RD.,	WALDO	RF, MD. 20602
	31. DATE FILED (Month, Dey, Year)	996 Java d'Aud						

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL ORRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a fine funeral many many Mental Photiene prior to burial, cremation, or removal.	r item 23 shows any injury, or other traumatic event, th
TO THE HOSPITAL OR ATTENDI	TO THE FUNERAL OIRECTOR: After this cert he filled within 72 hours after death with the	IMPORTANT: If Item 28 is

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	E	03013
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Reese	Elliott	Collin	ıs		March 14,	1996 YEAR	2:50 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIF	TTHPLACE (State or Foreign
	214-12-7520	1 ⊠ M 2 □ F 77	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) January 26		laryland
	9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOWN	R LOCATION OF DE		9c. COUNTY OF	
5	St. Mary's Hospit	al		Leonar	dtown		St. I	Mary¹s
DIRECTOR	RESIDENCE OF DECEDENT						1	
뿐	10a. STATE 10b. COUNTY			, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
		Mary's		eonardt				1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER				. ZIP CODE			F WHAT COUNTRY?
W	331 N. Washington				20650		U.S	
	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO	If yes, sp	ecify Cuban, Maxican	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No- 14. R/	ACE — American Indian, leck, White, alc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE WWW TT	TES	1 TYES	2 NO Specify:		Sp	White
8	15. DECEDENT'S EDUC	CATION	18e. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUSTRY	4
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	ork done during mo retired.)	st of working			
릴	12th grade		Store	keeper		U.S.	Governme	ent
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden	Sumame)	
BE	Horace (	Collins			Lilliar	n Arm	strong	Jones
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural R	loute Number, City or Town	n, State, Zip Code)	
F	Agnes D. Collins		P.O.	Box 321	, Leonard	ltown, Mar	yland 20	0650
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremetion 3 Ramo	oval from State come	PLACE AND DATE O	F DISPOSITION (Na	ime of	DATE 20c. LO	CATION City or	Town, State
	4 Donation 5 Other (Specify)		arles Me				onardto	wn, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE O			no lev-Gar	diner Fune	eral Hom	ne. P.A.
	I nichael X	Gardin	er		-			land 20650
	23. PART I Enter the diseases, or c	omplications that caused	the desth. Do n					Approximate
	iMMEDIATE CAUSE (Final	List only one ceuse on es	ch line.	1	_1 /	1	_	Onset and Death
	disesse or condition resulting in death)	Houte	Myma	ande	I for	Sarcha		muntes
		DUE TO (OR AS A	CONSEQUENCE OF	):	1			
Z	Sequentially list conditions,	b						
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	7):				
5	CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF	ā:				
E	that initiated events resulting in desth) LAST	DOE TO (OIL NO X	0011320021102 01	<i>'</i> -				
CERTIFICATION		4						
AL	PART if. Other significant condition		it not resulting i	n the underlyin	g cause given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	Drubeto 1	Melhton				1 YES 2	1	COMPLETION OF CAUGE OF DEATH?
ME							^	1 TYES 2 NO
ä	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF	F DEATH YE	S INO	UNCERTAIN	4 🗆		2 \
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT		1			
YSI	t VES 2 NO	t 🗆 Inpatient 2 🗆 ER/Outpa	otlant 3 DDA	OTHER: 4 - Nursing Hor	ne 5 🗆 Reeldence	6 ☐ Other (Specify)		
PHYSICIAN: MEDIC	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI		JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCURED	,
B⊀	2   Accident   Investigation				YES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, s ify)	treet, factory, offic	•	281. LOCATION (Street a City or Yown, State)	and Number or Rui	rel Route Number,
COMPLETED	200 CERTICIER							
MPL	(Check only	CIAN: To the best of my knowle						
Ö	2 MEDICAL EXAMINE	R: On the Saele of examination	and/or investigatio	n, in my opinion,	leath occured at the	time, data and place, ar	nd due to the cou	se(s) and manner as stated.
w l	296. SIGNATURE AND TITLE OF CERTIFIE	8			29c. LICENSE NUN	BER	29d. DATE 91GN	NED (Month, Day, Year)
TO B	1	Cay	/ M2		D/991		3/15	196
-	30. NAME AND ADDRESS OF PERSON WAR	\ //	ITH (ITEM 27) (Type,	,	In annu M	1 1 00/		
	Dr. James C. Boy			Leonar	itown, Ma	ryland 206	) ) U	
	31. OATE FIXED (MONITH, Day, 1947) 96 MAR 1 8 1996	122, REDISTRAN'S SIGNA	WURE					
		JT						

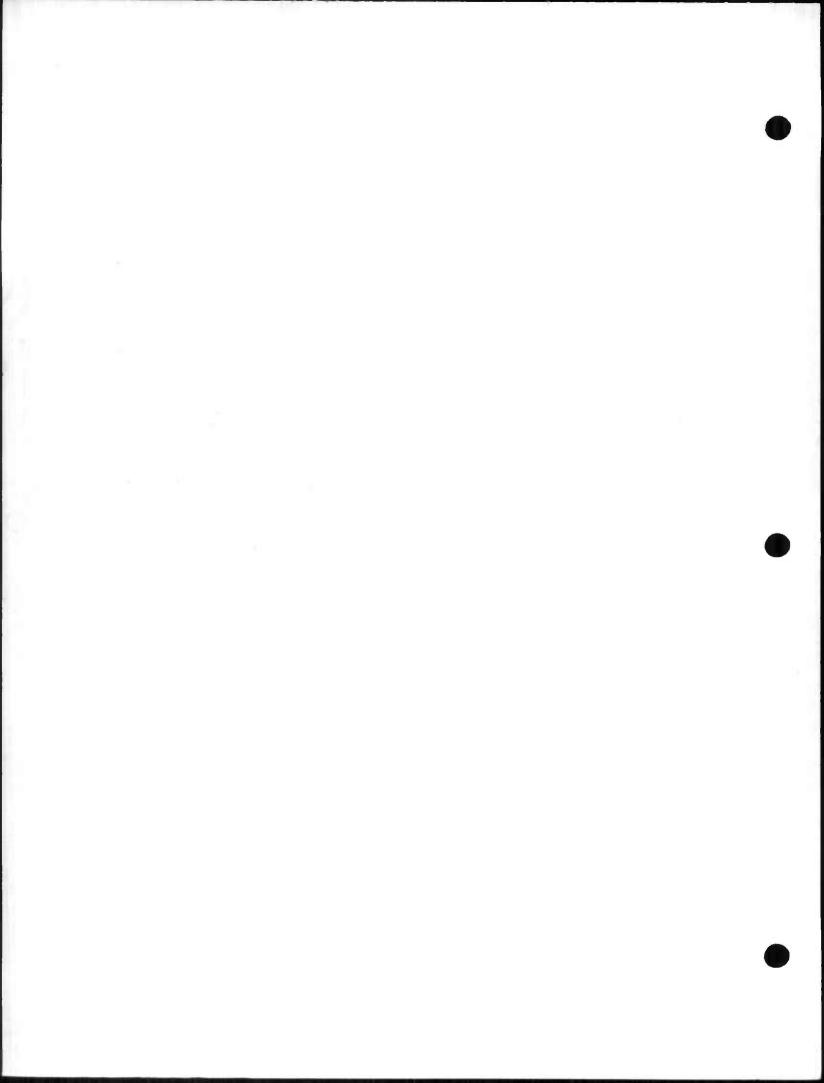
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC			MENTAL HYGIEN		
į	1. DECEOENT'S NAME (First, Middle, Last)  £ L/2 F.	ABETH	Co	WHN	,	2. DATE OF DEATH MONTH	73 . 19	EAR 3. TIME OF DEATH P
	401-01-4140	1 🗆 M 2 📈 F	75 YRS. MO	UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) April 6,	1920 A	
STOR	Sa. FACILITY NAME (If not institution, give stre SOUTHERN RESIDENCE OF DECEDENT	MANY MIND H			LINTON	ATH	PANC	2
DIRECTOR	Action 1 at Colored	e George		er Marl	lboro			10d. INSIDE CITY LIMITS? 1 YES 2
ERAI	100. STREET AND NUMBER 8416 Grandhaven A	ve		101.	20772			d States
BY FUNERAL		12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	13. WAS DECI	city Cuban, Maxica	NC ORIGIN? (Specify Yen, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White
LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed)  College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mos		16b. KIND OF BU		TRY
COMPLET	10th 17. FATHER'S NAME (First, Middle, Lest)		Engraver				e Comp	any
	William White Page	e				ME (First, Middle, Meider izabeth En		0
TO BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F	Route Number, City or Tox	vn, State, Zip Co	
F	Barbara C. Matche					Jpper Marl		
	1 X Burial 2 Cremation 3 Ramon 4 Donation 5 Other (Specify)		PLACE AND DATE OF D Detery, cremetory or other PETGIEEN C			1	ocation — city atucky	or Town, State
	21. SIGNATURE OF PUNEBAL SETTICE LICE			22. NAME AN	D ADORESS OF FA			ome,Inc 6633 inton,Md 20735
	23. PART Enter the diseases, or conhock, or heart failure. L	omplications that caused lat only one cause on e	I the deeth. Do not ach line.	enter the mor	de of dying, suci	h as cardiac or resp	Piratory arrest	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Metastotic	ADENU CA	rciNom	A of Lu	<b>~</b>		Onset and Death
z		DOE TO (OTT NO	CONSECUENCE OF J.					
ATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or injury that initieted eventa resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF):					
	PART II. Other significant conditions	contributing to death b	ut not resulting in t	the underlying	a ceuse alven la	Part I. 24s. WAS A	N AUTOBEV	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	TATI II. Otter significant conditions	Contributing to death b	ut not resulting in t		g cause given in		RMED?	240. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
N:	DID TOBACCO USE CONTR			. 1	UNCERTAIN	N 🗆		
SICIA		HOSPITAL:		THER:				
HYS	27. MANNER OF DEATH	1 od Inpatient 2 ER/Outp  26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c, INJ	URY AT	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUP	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	PRK? YES 2 NO			
8	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre-	et, tectory, office		261. LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	10.10011 0.117	CIAN: To the best of my knowledge. On the basis of examination						suse(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER Well, am D. Darre				29c. LICENSE NUM			IGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO WILLIAM T. TANN	ER, MD. 1170	n Livempet		Ft. WASI	Hirston, m	n.	
	MAR 1 9 1990	6 July What	ATURE COLOR RANGALL					

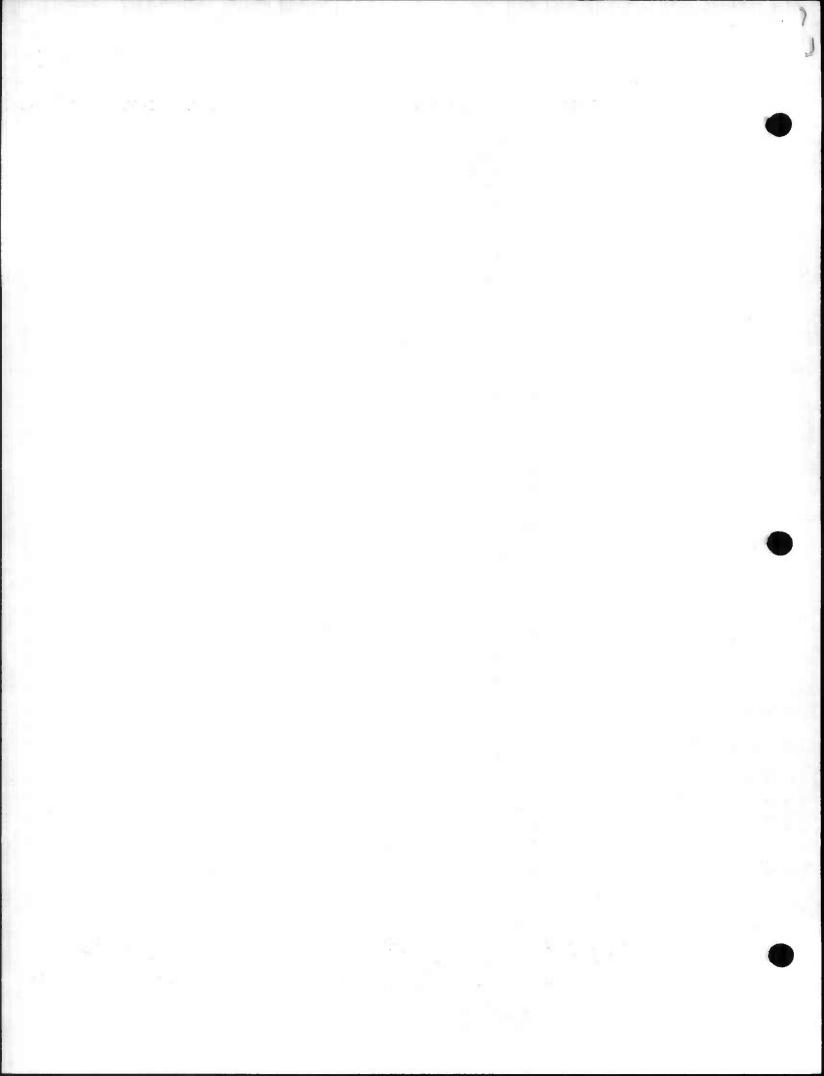


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 Carroll Co. P.L.C. Amended item #'s 17 & 18 per F.D. 3/14/96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death MARCH 13, Day 1996 ear **Physician** FRANCES CRII7. 11:40 a.m /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Frederick Memorial Hospital Frederick Frederick If Under 1 Year if Under 24 Hrs. 8. Data of Birth
Months Days Hours Min. (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Days Months 1 □ M 2 🖾 F 84 Yrs. Director 066-03-0095 June 16 1911 Peru Usual Rasidance of Decedent permit. Pages 1 end 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other transfered in any injury or other traumatic event, the Medical Exercises must be now any injury or other traumatic event, the Medical Exercises must be now any any injury or other traumatic event, the Medical Exercises must be now any any injury or other traumatic event, the Medical Exercises must be now any any injury or other traumatic event, the Medical Exercises the normal events. 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Carroll Westminster 1 ☐ Yas 2 X No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2326 Neudecker Road 21157 United States Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 1 Never Married 2 Married Specify: Peruvian 1⊠ Yes 2□ No Specify: by 3 ₩ Widowed 4 Divorced Hispanic Completed 15. Decedant's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Beutician Beutician 18. Mother's Name (First, Middle, Maiden Sumama) Agustina 17. Fathar's Nama (First, Middla, Last) Salinas Mariano Salines Augustina Valdiria 2 19a. Informant's Name/Raiationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Agusto Cruz 2326 Neudecker Road, Westminster, MD 21157 20b. Place of Disposition (Name of cematary, crematory or other placa) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Steta 03/18/96 4 ☐ Donation 5 ☐ Other (Specify) St. Mary's Cemetery
22. Name and Addrass of Facility Flushing, New York 21. Signature of Funeral Service Licensee Pritts Funeral Home & Chapel Kathurae Litta - Sweitzer 412 Washington Rd., Westmington Rd., Westmington Rd., Westmington Rd., Westmington, Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heeft tailure. List only one cause on each line. 412 Washington Rd., Westminster, MD 21157 Approximate Interval Between Onset and Deeth **Physician** /Medical fmmediate Cause (Final disease or condition resulting in death) CEREBROVASCULAR ACCIDENT Examiner Examiner e Hospital or Attanding Physician: The law requires that the death certificate be axecuted 24 hours after death.

Puneral Director: After this certificate has been signed by the attending physician end letely filled in by the funeral director, page 2 should be detached for use as the hursal-hands. Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events resulting in death) Lest Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown by 24b. Were autopsy findings available prior to completion of causa of deeth? 24a. Was an autopsy performed? Completed 1 ☐ Yes 2 ☑ No 1 Yes 2 No Be 25. Was case referred to medical axaminar? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 3€No inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Pending Invastigation 1 Natural 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner statad. 29a. Certifler To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and the of certified 29d. Date signed (Month) Day, Year) MI 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) HOUSE AVE BLOG H-6 FREDGRICK, MD 21701 OWYER 801 Tou 32. Registrar's Signature 31. Date filed (Month, Day, Year) State **MAR 14** Registrar



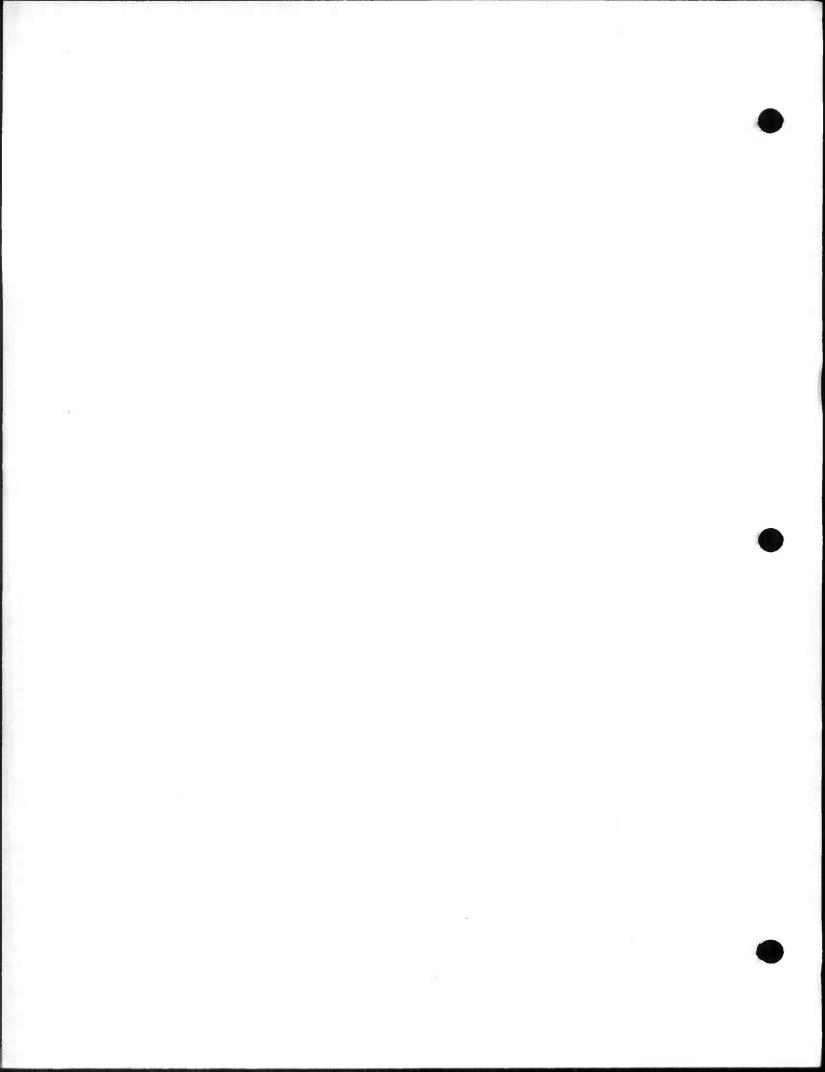
BALTIMORE, MARYLAND 21215-0020 4 hours after death. Page 6 may be retained by the hospital or attending physician.  Alled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should				20
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DIVISION OF VITAL DECORDE DO BOY 6976

TO BE COME	TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detacheral.	TO THE FUNERAL DIRECTUR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
BALIIMORE, MARYLAND	DIVISION OF VITAL RECORDS, F.O. BOX 68/60

TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
ISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF I	WARYLAND / D	EPAR	TMENT	OF H	EALTH DE A	AND	MENTAL HYGIEN			0 2 0 3 2			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH			
	Frank Harold	Cleme	nt					03 16	DAY YEAR		10:10 рм			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest b	irthday)	IF UNDER			R 24 HRS.	7. DATE OF BIRTH		8. BIRTH Count	HPLACE (State or Foreign			
	163-09-8479 WXM 2 [] F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug. 31,1	907	D	Delaware			
œ	9a. FACILITY NAME (If not institution, give street and number)						ON OF DE		9c. COUNTY OF DEATH					
DIRECTOR	Citizens Nursing Hom	ie		Ha	vre	De	Gra	ace	На	rfo	rd			
EC	10a. STATE 10b. COUNTY	10c. CITY	r, TOWN C	OR LOCAT	ION			10d. INSIDE CITY LIMITS?						
	Maryland Cecil						Perr	yville	vville					
AL	10e. STREET AND NUMBER		101, ZIP CODE							10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	76 Blythedale Road						2190	3	U.S.A.					
E	11. MARITAL STATUS  1 Never Merried 2 Married FORCES?	T EVER IN U.S. ARME	3. ARMED 13. WAS DECENDEN					NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc.				
BY	IF YES, GIVE V	AR OR DATES					Specify				Specify:			
	15, DECEDENT'S EDUCATION	16a. DECE	DENT'S	USUAL O	CCUPATIO	METEN	White							
ETE	(Specify only highest grade completed)	(Give	kind of w	ork done	during mo	st of worki	ng	Aberdeen Prov			g Ground			
P.	Twelve Years	Supply Clerk Aberdeen, Maryl									-			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Meiden	Surneme)					
BE (	Max Clement						La	ura Harvey						
TO E	19e. INFORMANT'S NAME (Type/Print)							Route Number, City or Tow						
-	Genevieve J. Clement	76	В13	the	dale	Roa	d, P	erryville,	Mar	ylan	d 21903			
	20s_METHOD OF DISPOSITION  1\(\tilde{A}\)Burlel 2 \( \tilde{C}\) Cremetion 3 \( \tilde{C}\) Removal from State	20b. PLACE AND	DATE O	F DISPOS	ITION/Na	me of		DATE 20c. LO						
1	4 □ Donetion 5 □ Other (Specify)	- ASDU	ry C				3	/19/96 Por	t De	posi	t, Maryland			
3	. 11						ss of fa	son & Son	Fune	ral l	Home			
(5)		3, walst		Pe	erry	vill	e. M	arvland	2190	3				
	23. PART i. Enter the diseases, or complications the shock, or heart failure. List only one cau	t ceused the death	n. Do no	ot enter	the mo-	de of dy	ing, suc	h as cardiac or respi	ratory an	rest,	Approximate interval Between			
	IMMEDIATE CAUSE (Final CCC) A1													
	disease or condition a									10900				
	DUE TO (OR AS A CONSCIUENCE OF)													
ON	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
E														
E	CAUSE (Disease or injury that initiated events DUE TO	(OR AS A CONSEQUE	NCE OF	):							1			
CERTIFICATION	reaulting In death) LAST													
	PART ii Other significant conditions contributing to	death but not you			45.4.4.									
CAL	UPRER RES	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  PERFORMED?  AMALABLE PRIOR TO COMPLETION OF CAUSE												
	C - 1 1 1 1 1	RESPIRATORY INFECTION PERFORMENT DEMAN TITAL DEMAN TITAL DEMAN TITAL DEMAN TITAL DE MAN TITAL DE									OF DEATH?			
Σ			A	· 🗆	10 [	11116	EDTAIN				1 _ YES 2 _ NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DICAL 26. PLACE OF DEATH (Check only one)												
2	EXAMINER? HOSPITAL:	ER/Outpatient 3 🗆		OTHER	t:		12.512.2							
H	27. MANNER OF DEATH 28s. DATE OF		8b. TIME	-	_		sidence	6 Other (Specify)  28d. DESCRIBE HOW II	N ILIEN OC	CHEED				
	1 Natural 5 Pending	(Month, Day, Year) INJURY WORK?												
D BY	3 Suicide 200 28e. PLACE O	reet, fact				28f. LOCATION (Street a	Street and Number or Rural Route Number,							
巴	3 Suicide 8 Could not be detarmined Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, lectory, office City or Fown, Steet) 28f. LOCATION (Street and Number or Rural Roc City or Fown, Steet)													
님	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of	my knowledge, death	occurred	d at the ti	me, dete	and place	and due	to the cause(s) and mar	mer as stat	ed.				
COMPLETED	CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
Ö	296. SIGNATURE AND TITLE OF CERTIFIER													
m Verenam MD DIE agil										7-17	-96			
은	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	SE OF DEATH (ITEM 2	7) (Type, i	Print)	1 -	P 0	//	1	.17					
	LETTOM S. GAL VE	n	. 0	),	62	3 ).	un	in ave	K/c	m	e de Groce			
		AUCUM ROW					:		7	u.	21000			
- 1	MAK I O IJJO I SALA A	Bussels on Bank	1 11								2/U/X			



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month Audrev Carr 16, 1996 March 5:20 AM /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Solomons Nursing Center Solomons Calvert 7. Age (In yrs. last birthdey) 85 Yrs. If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Deys Hours Min. (Month, Dey, Year) 5. Sociel Security Number Birthplace (Stete or Foreign Country) 1□M 2\ F 214-14-3985 Director Aug. 13, 1910 Maryland Usuei Residence of Decedent Pages 1 end 2 should be filed within 72 hours after death with the Meryland neat of Health end Mental Hyglene.
nnt: If item 27 is marked other than "natural", or items 23e or 28e4 show uny or other traumatic event, The Medical Exerting must be notified at 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Calvert 1 ☐ Yes 2 No Director Lusby 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1040 Coster Road 20657 USA by Funeral 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes Z No if Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Memied 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yea 2 ☐XNo Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16a, Decedent's Usuai Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Hospital Cook 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Nathaniel Parker P Wallace 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Health e Important: If item 27 is any injury or other tra once. Cora Lee Smith/niece P.O. Box 1246 Lusby, MD 20657 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1X Buriei 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Greater Bibleway Chr. Cem. 3/21/96 Prince Frederick 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Sewell Funeral Home 1451 Dares Beach Rd. Prince Frederick, MD 20678 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical fmmediete Ceuse (Finel disease or condition resulting in deeth) arres Examiner attending physician and for use es the bunel-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was en eutopsy performed? 1 Yes 21 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 ☐ Yes 2 No this 28c. Injury et Work? 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred Medical Certification: 28b. Time of Affer 1. A Neturai 5 Pending investigation deeth. 1 ☐ Yes 2 ☐ No 2 Accident Director: 6 Could not be determined 3 Suicide 28e. Placa of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) in by 4 Homicide Hospital within 24 hours e To the Funeral C completely filled 1 Certifying Physictan: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and piece, and due to the cause(s) end menner steted. 29e. Certifier 29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number 3/18/96 30. Neme and eddress of person who completed cause of deeth (item 23e) (Type, Print) Henry Molouki

DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Dey, Year)

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32. Registrer's Signeture

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

17 THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 2, 3 should be detached for use 4 shou
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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR				CERTIF	TCAL	E OF	DEA	l III	R	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  DORIS  LEE		COLLINS					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH								
	4. SOCIAL SECURITY HUMBER 5. SEX			6. AGE (In yrs. lest birthday)			IF UNDER 1 YEAR IF UNDER 24 HRS.			03 18 1996			5:47 M			
	224-34-0326		1 M 2 X F	76	YRS.	MONTHS	7	HOURS	MIN.	Apr. 9, 1919		919	8. BIRTHPLACE (State or Foreign Country) Maryland			
	9e. FACILITY NAME (If not institution, give street and number)				9b. CIT	Y, TOWN	OR LOCATION	ON OF DE		<i>3</i> , <u>1</u>		NTY OF DEATH				
S S	McCready		lation,	Inc.		Cri	isfi	eld				Son	ners	et		
5	RESIDENCE OF DEC	100 01	ry, town	OBLOCA	TION											
DIRECTOR	Maryland Somerset							field	1					10d. IHSIDE CITY LIMITS?  1 YES 2 7 NO		
	10e. STREET AND NUMBER		101. ZIP CODE					10g. CITIZEH OF WNAT COUN								
FUNERAL	26658 01d S		21817					U.S.A.								
5	11. MARITAL STATUS 1 □ Never Merried 2 □ Married FORCES? 1 □ YES 2 ☑N					D 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify If yea, specify Cuben, Mexican, Puerto Rican, etc.						fee or No- 14. RACE — American Indian, Black, White, atc.				
B	3 Widowed 4 Divor		IF YES, GIVE Y	WAR OR DATES	8	1 ☐ YES 2 🔀 NO Specify: Specify										
COMPLETED	15. DECE (Specify only	EDEHT'S EDUC	CATION completed)	16	a. DECEDENT'S	work done	during me	OH ost of workin	ng .	16b. KJH	D OF BUS	INESS/IHD	DUSTRY			
٦	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	ille. Do NOT L											
S	Grade 9 17. FATHER'S NAME (First, Mi	iddle, Last)			House	Housewife					Home  RE (First, Middle, Maiden Surname)					
	Herman E. R	iggin								Tyler		ournerne)				
TO BE	19a. INFORMANT'S HAME (Ty				19b. MAILIH	ADDRES	S (Street	and Number	or Rural R	loute Number, C	City or Town	n, State, Zip				
-	Gary G. Gera		on)						oad-	Crisfi	eld,	MD	218	17		
	20s. METHOD OF DISPOSITION  1 □ Burlel 2 ☒ Cremation  4 □ Denstion 5 □ Other	n 3 🗆 Remo	oval from State	cemeter	y, cremetory or	other place	1		02/2	DATE O		CATION —				
4 Donation 5 Other (Specify) Salisbury Crematory - 03/20/96 Salisbury - 03/20/96 Salisbury Crematory - 03/20/96 Salisbury -										ury, MD						
	Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817												21817			
	23. PART I. Enter the di- ahock, or he	seasea, or c part fallure. I	ompilcations the	t ceused the	e deeth. Do iine.	not enta	r the mo	ode of dyl	ng, auch	as cardlec	or reapi	ratory arr	reat,	Approximata interval Between		
	immediate cause (Final disease or condition resulting in death)  a. Congacture Heart Fachere  2 Weeks															
ł	resulting in death)  a. COT SWALLY SWALL TALLIE  DUE (TO (OR AS A CONSEQUENCE OF):															
z I	Sequentially list conditions,															
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING															
일	CAUSE (Disease or injusthat initiated eventa		DUE TO	(OR AS A CO	NSEQUENCE C	F):								<u> </u>		
EH	resulting in death) LAST		f													
- 11	PART II. Other significan	nt condition	contributing to	death but r	not resulting	(p) the u	nderlyin	g ceuse c	iven in i	Part i. 24s	. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FIHDINGS		
EDICAL	Hen	con							RMED? AVAILABLE P							
MEC	11-1		<u> </u>								] 163 2			OF DEATH?		
	DID TOBACCO US	SE CONTR	RIBUTE TO CA						ERTAIN	X				E1		
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		PLACE OF DEA	TH (Check										
PHYS	1 YES 2 HO		1 Inpatient 2 28e. DATE OF		nt 3 🗆 DOA		_	JURY AT	eldenca (	28d. DESCRIE		1 11 11 11 11	CHERED			
84 P		Pending nvestigation	(Month, D	lay, Year)	IH	JURY		DRK?	НО	200. DESCHIE	SE HOW IF	IJUNI OCC	COMED			
	3 Suicide 8 C	Could not be	28a. PLACE O	F IHJURY — I	At home, larm,	street, tec	tory, offic	te .		281. LOCATION	H (Street a	nd Number	or Rural F	Route Number,		
ELED	-	letermined									- States					
MPLE	29s. CERTIFIER (Check only) (Ch															
8	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(s) and manner as stated.															
#	VIami	1	1	los	/	-1	11	29c, LIGE	NSE NUM	2/1	4	29d. DATI	HIGHED	(Month Day, Year)		
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH					10	4//				1/0		
	Jr. James A. Sterling 320 W. Main St. Crisfield, Md. 21817										2 18 17					
1	MAR 2 0 1996	Juli	32. REGISTRA	Carlelly	HE											
JL		0														





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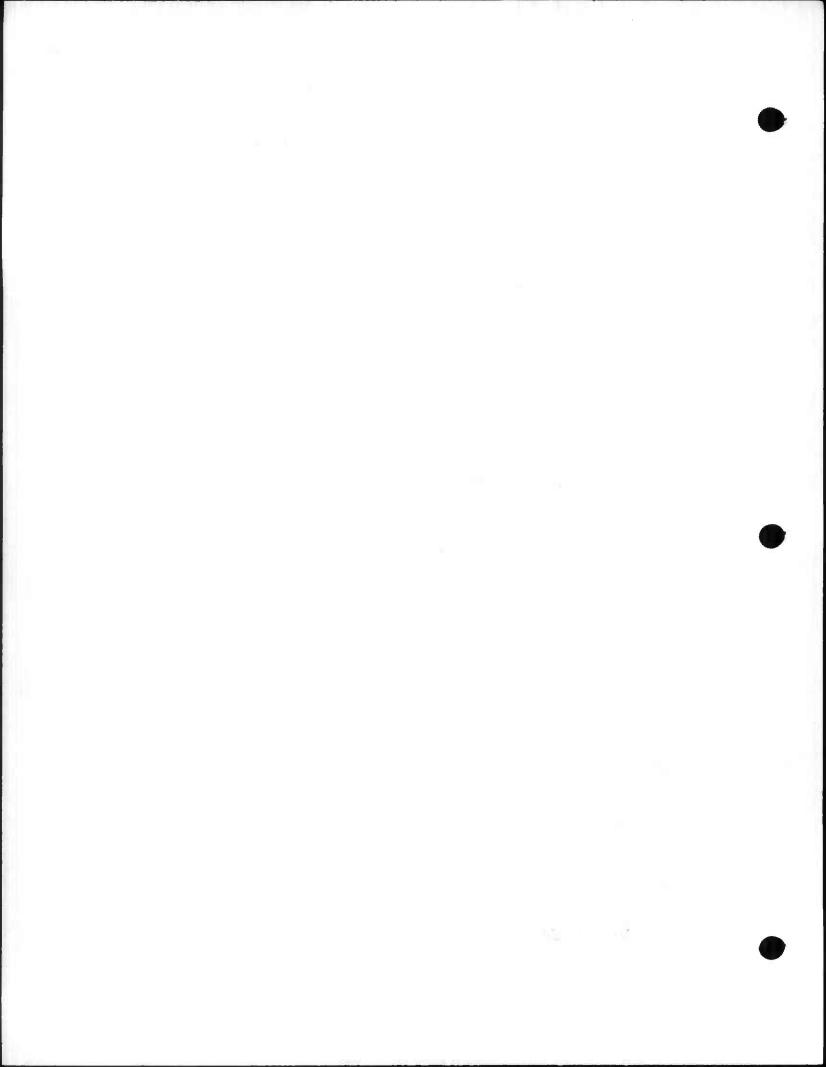
DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached by specifical pages 1, 2, 3 should be detached for use 2, 3 should be detached by specifical pages 1, 2, 3 should be detached by specifical pages 1, 2, 3 should be detached by specifical pages 1, 2, 3 should be detached by specifical pages 1, 2, 3 should be detached by specifical pages 1, 2, 3 should be detached by specifical pages 1, 2, 3 should be detached by specifical pages 1, 2, 3 should be detached by specifical pages 1, 2, 3 should be detached by specifical pages 1, 2, 3 should be detached by speci

STATE OF N	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CE	RTIFICATE	OF DEAT	TH		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLAN	CERTIFICA				EIENE . NO.		
1. DECEDENT'S NAME (First, Middle,	Last)			J LATIT	2. DATE OF DEA	TH		. TIME OF DEATH
EDITH CATHER	RINE COUNIHAN				MARCH	5 1996	YEAR	11:12 AM
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Y	Н	8. BIRTHPL	ACE (State or Foreign
226-09-9125	1 □ M 2 √ F 77	YRS.	THE DAYS	HOURS MIN.	JUNE 14		Country)	.VA.
90. FACILITY NAME (If not institution,		9b.	CITY, TOWN O	R LOCATION OF OE	ATH	9c. COUN	TY OF DEA	
135 NORTH MECHA	ANIC STREET		CUMB	ERLAND		AI	LEGA	NY
10a. BTATE 10b. CC		10c. CITY, TO	WN OR LOCATI	ON			1	Od, INSIDE CITY
MARYLAND A	ALLEGANY	CII	MBERLA	ND			1	LIMITS?
10e. STREET AND NUMBER				ZIP CODE		10g. CITIZ	EN OF WH	AT COUNTRY?
135 NORTH MECHA				21502		II.	S.A.	
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	I.S. ARMED	13. WAS DECE	NOENT OF HISPAN cify Cuban, Mexican	IIC ORIGIN? (Speci	fy Yes or No-	14. RACE - Black, 1	- American Indian, White, etc.
3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATE	ES		2 NO Specify			Specify:	WHITE
15. DECEDENT'S	EDUCATION 1	6e. DECEDENT'S USU	AL OCCUPATIO	N	16b. KIND C	F BUSINESS/INDL	JSTRY	
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work of life, Do NOT use reti	done during mos ired.)	t of working				
8		LLEGANY C	O. BOA	RD OF ED	UCATION	SCHOOT.	BUS	DRIVER
17. FATHER'S NAME (First, Middle, Las	st)			18. MOTHER'S NAI				
ALBERT FRANKLI				SUSAN	VIRGINIA	A SHELLE	Y	
19a. INFORMANT'S NAME (Type/Print)				d Number or Rural R			Code)	
LORETTA E. EMER				LEY FOR				
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3	Removal from State camete	LACE AND DATE OF DIS ery, crematory or other p	dana!			c. LOCATION — C	Hy or Town	, State
4 Donation 6 Other (Specify)  21. Signature OF FUNERAL SERVICE	CE LICENSEE A	MEMORIA	L PARK	MARCH8  D ADDRESS OF FAC	1996 CT	JMBERLAN	D MA	RYLAND
A0 0	4 Mist		MERRI	T-ADAMS	FUNERAI	HOME		
Male o	1. Herrica		404 DI	ECATUR S'	TREET CI	JMBERLAN	D MAI	RYLAND
shock, or heart fall iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	, or complications that ceused the ure. List only one ceuse on aschange a.	h line.		De or dying, such		reapiratory arre	est,	Approximate interval Betwee Onset and Date TMON
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO (OR AS A CO							
CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A CO	ONSEQUENCE OF):		Q.	m/	a,	(5/4)	,
that initiated events resulting in death) LAST	cDUE TO (OR AS A CO		a underlying	cause given in i		AS AN AUTOPSY		ERE AUTOPSY FINDING
that initiated events resulting in death) LAST	d		a underlying	cause given in i	PE	RFORMED?	A)	MILABLE PRIOR TO DMPLETION OF CAUSE
that initiated events resulting in death) LAST	d		a underlying	cause given in	PE		CO	MILABLE PRIOR TO
that initiated events resulting in death) LAST  PART ii. Other algnificent cond	d	not resulting in th		cause given in I	1 Y	RFORMED?	CO	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
PART II. Other significent cond  DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDIC. EXAMINER?	d.  Ilitiona contributing to deeth but  ONTRIBUTE TO CAUSE OF I	DEATH YES [	NO M		1 Y	RFORMED?	CO	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
PART II. Other significent cond  DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	DEATH YES [ PLACE OF OEATH (C) PINT 3 DOA 4	NO Management No Meck only one) HER: Nursing Home	UNCERTAIN 5 Residence	1 D Y	ES 2 NO	CO	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
PART II. Other significent cond  DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  TO MEDICAL EXAMINER?  17. MANNER OF DEATH	d	DEATH YES [ PLACE OF OEATH (C) ent 3 DOA 4 DOA 11, 11, 11, 11, 11, 11, 11, 11, 11, 11	NO Management of the North of t	UNCERTAIN  5 Presidence  RY AT  K?	PE 1 V	ES 2 NO	Al Ci	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
PART II. Other significent cond  DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  MES 2 NO  27. MANNER OF DEATH  11 Natural 5 Pending 2 Accident	d	DEATH YES [ PLACE OF OEATH (C) ent 3 DOA 4 DOA 28b. TIME OF INJURY	heck only one) HER: Nursing Home WOR 1   YE	UNCERTAIN 5 Residence	PE 1 Y	ES 2 NO	Ai CC OI 1	MILABLE PRIOR TO MOMPLETION OF CAUSE P DEATH?
PART II. Other significent cond  DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDIC EXAMINER?  MES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	d	DEATH YES [ PLACE OF OEATH (CI ont 3 DOA 4   28b. TIME OF INJURY	heck only one) HER: Nursing Home WOR 1   YE	UNCERTAIN  5 Presidence  RY AT  K?	PE 1 Y	RES 2 NO	Ai CC OI 1	MILABLE PRIOR TO MOMPLETION OF CAUSE P DEATH?
That initiated events resulting in death) LAST  PART II. Other significent cond  DID TOBACCO USE CO  25. WAS CASE REFERREO TO MEDICE EXAMINER?  SEE 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 1 Netural 5 Pending 2 Accident 3 Suicide 8 Could no determine	d	DEATH YES [ PLACE OF OEATH (CI ont 3 DOA 4 DOA 4 DOA AT HOME, farm, street,	heck only one) HER: Nursing Home 28c. INJU WOR 1   Ye , factory, office	UNCERTAIN  5 Residence  FROM AT  K?  ES 2 NO	PE 1 Y  1 Y  1 Other (Specify 28d. OESCRIBE H  28f. LOCATION (SCity or Town,	PES 2 NO  1)  1)  1)  1)  1)  1)  1)  1)  1)  1	A CI OI II	MILABLE PRIOR TO MOMPLETION OF CAUSE P DEATH?
That initiated events resulting in death) LAST  PART II. Other significent cond  DID TOBACCO USE CO  25. WAS CASE REFERREO TO MEDICE EXAMINER?  WASS 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigat 2 Accident 3 Suicide 8 Could no determine  290. CERTIFIER (Check only)	d	DEATH YES [ PLACE OF OEATH (C) ont 3 DOA 4 DOA 4 DOA 4 DOA AT DOA AT DOA AT DOA AT DOA	heck only one) HER: Nursing Home 28c. INJU WOR 1   Ye , factory, office	UNCERTAIN  5 Residence R  K7 ES 2 NO	PE 1 Y  1 Y  3 Other (Specify) 28d. OESCRIBE H  28f. LOCATION (S City or Town,	ES 2 NO  IT STATE OF THE STATE	JRED  A CI OI 1	MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  VES 2 7 100
That initiated events resulting in death) LAST  PART II. Other significent cond  DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDICE EXAMINER?  WES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigat 2 Accident Investigat 3 Suicide 8 Could no determine  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  2 MEDICAL EXAMINER  MEDICAL EXAMINER  1 MEDICAL EXAMIN	d.    See   DACE OF INJURY   Detailed   Deta	DEATH YES [ PLACE OF OEATH (C) ont 3 DOA 4 DOA 4 DOA 4 DOA AT DOA AT DOA AT DOA AT DOA	heck only one) HER: Nursing Home 28c. INJU WOR 1	UNCERTAIN  5 Residence RY AT IK? ES 2 NO  and place, end due in the occurred at the in	6 Other (Specify 28d. OESCRIBE H 28f. LOCATION (S City or Town,	PES 2 NO  IT IN INJURY OCCU	JRED  JRED  d.  cause(e) et	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 7 100  TO Number,
That initiated events resulting in death) LAST  PART II. Other significent cond  DID TOBACCO USE CO  25. WAS CASE REFERREO TO MEDICE EXAMINER?  MES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident 3 Suicide 8 Could no determine  29e. CERTIFIER (Check only)	d.    See   DACE OF INJURY   Detailed   Deta	DEATH YES [ PLACE OF OEATH (C) ont 3 DOA 4 DOA 4 DOA 4 DOA AT DOA AT DOA AT DOA AT DOA	heck only one) HER: Nursing Home 28c. INJU WOR 1	UNCERTAIN  5 Residence R  K7 ES 2 NO	6 Other (Specify 28d. OESCRIBE H 28f. LOCATION (S City or Town,	PES 2 NO  IT IN INJURY OCCU	JRED  JRED  d.  cause(e) et	MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  VES 2 7 100
That initiated events resulting in death) LAST  PART II. Other significent cond  DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDICE EXAMINER?  ALES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigat 2 Accident Investigat 3 Suicide 8 Could no determine  29e. CERTIFIER 1 CERTIFYING P  (Check only One) 2 MEDICAL EXA	d.    Second   Contributing to deeth but	DEATH YES DEATH (COUNTY OF INJURY)  At home, farm, street, ge, death occurred at and/or investigation, in	NO Meck only one) HER: Nursing Home 28c. INJU WOR 1  Ye, factory, offica	UNCERTAIN  5 Residence RY AT IK? ES 2 NO  and place, end due in the occurred at the in	6 Other (Specify 28d. OESCRIBE H 28f. LOCATION (S City or Town,	PES 2 NO  IT IN INJURY OCCU	JRED  JRED  d.  cause(e) et	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 7 100  TO Number,
That initiated events resulting in death) LAST  PART II. Other significent cond  DID TOBACCO USE CO  25. WAS CASE REFERREO TO MEDICAL EXAMINER?	d.    See   DACE OF INJURY   Detailed   Deta	DEATH YES [ PLACE OF CEATH (C)  PLACE OF CEATH (C)  28b. TIME OF INJURY  At home, farm, street, ge, death occurred at and/or investigation, in	heck only one) HER: Nursing Home 28c. INJU WOR 1	UNCERTAIN  5 Residence  RY AT  K7  ES 2 NO  and place, end due to the occurred at the I	PE 1 Y  To the (Specify 28d, OESCRIBE H  281. LOCATION (S City or Town, to the cause(e) emilime, date end place	irreet end Number of State)  d manner as stated ba, and due to the	JRED  JRED  A Rurel Round  Coupe(e) et Signed (M	MALABLE PRIOR TO MPLETION OF CAUSE F DEATH?  VES 2 DINO  No Number,  No Number,  and manner ee stated.  conth. Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 68760

2 E E E		TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	be med writin it. Indus are used with the State body. Or regard and mental stylene produce, or emotion. Or removed. If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN
		C	ERTIFICATE	OF	DEAT	TH		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIENE		
1. DECEDENT'S NAME (First, Middle, Last)		OZIIII I	JAIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
MILDRED THEODORICA	CLARK				MARCH 2 19	996 YE	4:45 P
The state of the s			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
220-07-6430 1  9a. FACILITY NAME (If not institution, give street	□ M 2XXF	75 YRS.			July 27,19	20 M	t Savage, MD
Sacred Heart Hosp			Cumberl	r location of de and	EATH	Alleg	
RESIDENCE OF DECEDENT							
Maryland Alleg	gany		. Savag				16d. INSIDE CITY LIMITS?  1 YES XX NO
17300 Fireclay M	tn. Road,			ZIP CODE 1545		USA	OF WHAT COUNTRY?
11. MARITAL STATUS 12 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT		If yes, spe		NIC ORIGIN? (Specify Yearin, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of woo life. Do NOT use Housewif	rk done during mo: retired.)	nN st of working	own ho		RY
17. FATHER'S NAME (First, Middle, Last) Earl B. Purbaugh				18. MOTHER'S NA	ME (First, Middle, Meiden S	Surname)	
19a. INFORMANT'S NAME (Type/Print) Ken Clark		19b. MAILING A 16802 F	odress (Street a	Mtn. RI	NW,Mt. Sa	vage, M	nD 21545
20s METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	I from State ceme	PLACE AND DATE OF stery, cremetory or othe ISET MEMO	er place)		3/5/96 Cum		or Town, State
21 SIGNATURE OF FUNERAL DERVICE LICEN	S Haf	$\Box$	Hafer		Mansion Fun E., Frostbu		
23. PART I. Enter the diseases, or com shock, or heart fellure. List	nplications that cause	the death. Do no					Approximata
IMMEDIATE CAUSE (Finel disease or condition resulting in death)			16 H	CAR	TFA1L	LURC	Interval Between Onset and Deat
	DUE TO (OR AS A	CONSEQUENCE OF):	TIP	SRIL	LATZON L	~	54R5
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUNTO (OR AS A	CONSEQUENCE OF):	LERO	MC	HEAR	TZ	15/11/25
CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):			V C //		107
PART II. Other algnificant conditions of	contributing to death bu	It not resulting in	the underlying	cause alven in	Part i. 24a, WAS AN	ALITOPSV	24b. WERE AUTOPSY FINDINGS
#ZOTEMIA	OBESIT	Y BC	CPHI	MUSPA.	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONTRIE				I LINCEDTAL	ND	'	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF DEATH		OITCLKIAI			
EXAMINER?	IOSPITAL: Inpatient 2 - ER/Outpa		OTHER:	e 5 🗆 Raaldenca	6 Other (Specify)		
27. MANNER OF DEATH  Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WO	URY AT	28d. DESCRIBE HOW IF	JURY OCCUR	ED
2 Accident Investigation	25- DI ACE OF IN HIDY			rES 2 ND			
3 Suicide 8 Could not be 4 Homicide dstarmined	28a. PLACE OF INJURY building, atc. (Speci	— At nome, term, str	reet, tactory, onic	•	28t. LOCATION (Street a City or Town, State)	nd Number or F	Rural Route Number,
anal	AN: To the best of my knowle						suse(s) and manner as stated.
296. SIGNATURE AND TULE OF CERTIFIER	Fron	JVAT	7	29c. LICENSE NU			GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CO				AND M	. 21502		0 1110
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	JOIDER	THILL CHIM	. 21302		

11.13 1

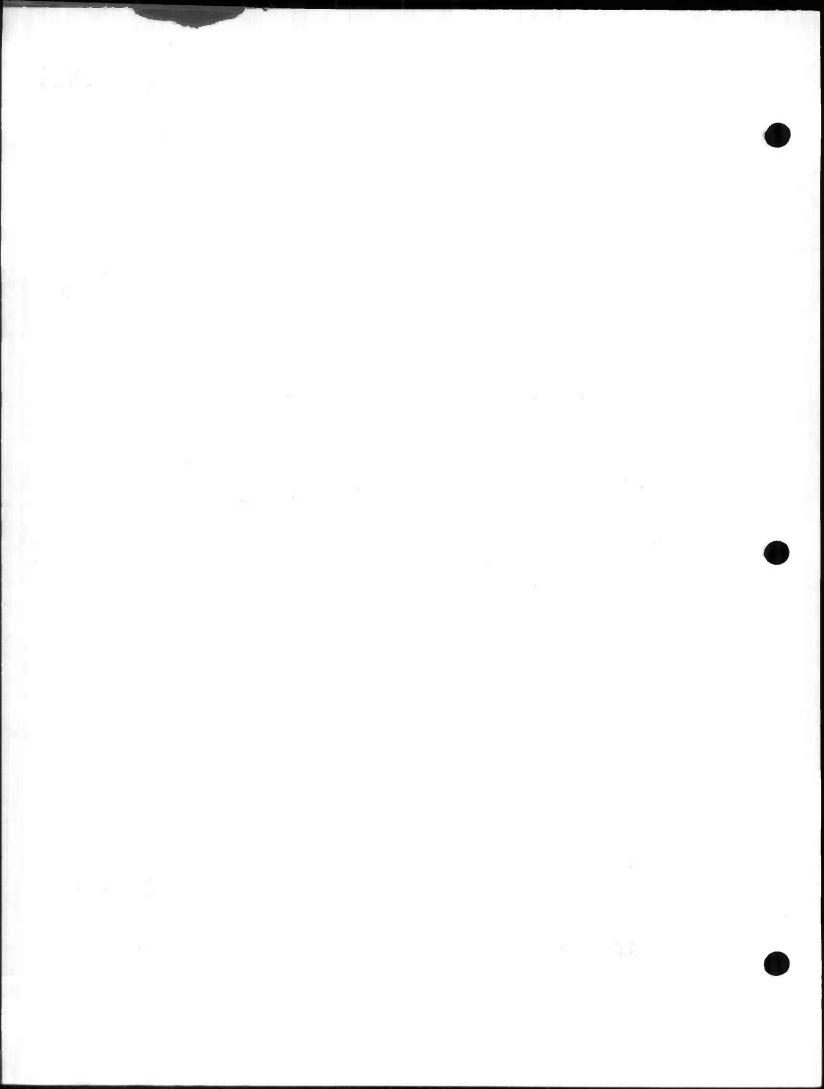
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEAL DIRECTOR The law requires that the death certificate be executed within 24 hours after death. Page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hyghen prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIENI REG. NO.	E 50	03037				
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH		3. TIME OF OEATH				
	PHYLLIS S.	. Сн	APMAN			March 9	1996	19:30 M				
				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign				
	234-62-3509  9e. FACILITY NAME (If not Institution, give stree	1 ☐ M 2 ☒ F 7.	3 YRS.	ONTHS DAYS	HOURS MIN.	April 10 1922 MD						
DIRECTOR	Memorial Hospital				Cumberland Allegany							
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ON			10d. INSIDE CITY				
	WV Miner	cal	Key	ser				LIMITS?				
A P	10e, STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
	27 South Main Stre	et			26726		U.S.A					
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 X Divorced	IZ. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, spe		IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	Blac	E — Americen Indian, ck, White, atc. city: 11 te				
	15. DECEDENT'S EOUCA' (Specify only highest grade co	FION	16a. DECEDENT'S US	SUAL OCCUPATION done during mos	N .	16b. KIND OF BUS	SINESS/INDUSTRY					
		College (1-4 or 5+)	He. Do NOT use i	retired.)	t or working							
COMPLET		5 +	Teacher			Secondar	ry Educa	tion				
3	17. FATHER'S NAME (First, Middle, Last)					AE (First, Middle, Maiden						
B		nith			Estelle		ilson	10=0				
2	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town						
	Ruth Ann Chapman			h Main		KEyser,						
	20e. METHOD OF DISPOSITION  1  Buriel 2 Commetter 3 Remove	al from State 20b.	PLACE AND DATE OF tery, crematory or other	DISPOSITION (Na	ne of	13/96 Cum	CATION — City or T	own, State				
	4 Donation 6 Other (Specify)	1100	e Cumberi		D ADDRESS OF FAC		berland,	MD 21502				
		$\Sigma (1 - 1)$				Funeral Ho	ome	- 49				
	X Licien K	elil		85 Sou	th Main	Street KI	Eyser, W	V 26726				
	23. PART I, Enter the dispases or co- shock, or heart failure. Lie	mplications that caused	the deeth. Do not	enter the mo-	ie of dylng, such	aa cardiac or reapi	ratory arrest,	Approximata Interval Batween				
Ì	IMMEDIATE CAUSE (Final							Onset and Death				
	disease or condition resulting in death) a.	EMPHY DUE TO (OR AS A	semia					20 years				
		A			1 .			P				
S	Sequentially list conditions, b.	ASH MOTO OR AS A	IC DO	onch	1713			50 years				
A	if any, leading to immediate cause. Enter UNDERLYING		. 11	and.	205			مراد کا				
	CAUSE (Disease or injury that initiated events	Pulmonal DUE TO (OR AS A	CONSEQUENCE OF	her I	41210	7		10 years				
CERTIFICATION	resulting in death) LAST	Preumoni	a-co	mmu	rity a	Quired		1 month				
- 11	DATE II ON THE REAL PROPERTY.				,	Gunea						
X	PART II. Other aignificant conditions	contributing to death bu	t not resulting in	tha undarlying	cause given in	Part I. 24a, WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDIC		tes mel				1 YES 2	D160	OF DEATH?				
	Steroid de	pendence			4.0.1			1 - YES 2 - NO				
Ž	DID TOBACCO USE CONTRI				UNCERTAIN	1 🗆						
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	8. PLACE OF DEATH	OTHER:								
IXS	1 TYES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJURY			5 Reeldence							
D	1 Netúral 5 Pending	(Month, Day, Year)	28b. TIME (	WO WO	PK?	28d, DEŞCRIBE HOW II	NJURY OCCURED					
BY	2 Accident Investigation	26e, PLACE OF INJURY	- At home form etc			29f. LOCATION (Street a	ad Mumber or Dural	Donto Microbia				
COMPLETED	3 Suicide 6 Could not be 4 Homicide datermined	building, etc. (Special	(y)	set, lectory, office		City or Town, State)		Houte Number,				
2	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	dge, death occurred	at the time, date	end plece, end due	to the ceuse(e) end mer	nner ee stated.					
OM	one) 2 MEDICAL EXAMINER:	On the beels of examination	end/or investigation,	In my opinion, d	eth occured et the	time, date and place, an	d due to the ceuse	(e) end menner se stated.				
	200. SIGNATURE AND TITLE OF CERTIFIER	/	/		29c. LICENSE NUM	BER	29d. DATE SIGNE	D (Month, Day, Year)				
S BE	Rush	n/L	~		D 18	769	MAM	H111996				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) /Type, #	nines								
	James Raver M.D.	Memorial Ho	spital Co	umberla	nd, MD	21502						
	31. DATE FILED (AND IN. One. Nam) 1996	SE MEGISTRAN'S SIGNA	or-Roodest									



96-1616-043

Ame D # 1 & 40 Wash Co. Health Dept L.B 03-26-96

ML ITEMS: 23 PART I, 26,27, Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 28a-f, PER NEO FILM g-736 6/12/96 State of Maryland / Department of Health and Mental Hygiene 90 9058

		1. Decedent's Neme (First, Middle	, Last)			cate of		2. Date of Deal			Time of Death
Physici /Medic		WOODROW	Wilso -W	•	CLE			Month MARCH	2 <sup>Dey</sup> 199	Yeer 6 9	:30 PM
Examin		4e. Facility Nama (If not institution	, give street and number	)			b. City, Town, or L Hagersto	ocation of Deeth	4c. County of		
		WASHINGTON CO			L Mari		GADERS	HWOT		NGTON	
Funeral Director		5. Social Security Number 214-09-5149	6. Sex 7. A 1 M 2 □ F	ge (In yrs. lasi 83		inder 1 Year othe Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day June 18	, Year) 1912	9. Birthpiece ( Country) Mary La	Stete or Foreign nd
3		Usual Residence of Decedent  10a. State 10b. County		10c. City. T	own or Location	i .				10d In	side City Limits
ode l	6	Carried Contraction	ington		erstown						XYes 2□No
288-	ect	10e. Street and Number	-118 -011	ilug.		f. Zip Code		1	0g. Citizen of W	hat Country?	
P od	ā	428 Jefferson S	Street			21740	)		U.S.		
*naturel', or items 23a or 28a-f show edical Examiner must be neoffed at	Funeral Director	11. Marital Stetus 1 ☐ Never Merried 2 ☐ Merri	12. Wes Deceden Armed Forces 1  Yes 2 K	?			Ilspenic Origin? (Si	pecify Yes or No- p Rican, etc.)	14. Rece Black	- American Inc.	
el.	by	3 Widowed 4 Divorced	If Yes, Give Year or Dates	:	1 U Y	es 21 No	Specify:		Specify:	whit	e
	Be Completed	15. Decedent (Specify only highes Elementery/Secondery (0-12)	College (1-4or		life. DO N	of work done OT use retired	during most of wor	king	16b. Kind of Bu		
T, E	ပိ	0-7  17. Father's Neme (First, Middle, I	0		engi	neer	18 Mother's Nan	ne (First, Middle, I	rail:		
i end Mental Hygiene. Is marked other than reumatic event, the M	Be	Barbo					TO. WIOLING STRAIN		vall	-,	
d Me	2	19a. Informent's Neme/Reletionsh			19h Mailing Ad	drass /Straat	end Number or Ru			State Zin Code	a)
T Is Trau		Mrs. Brenda A.									1740
f Health and Mental Hyglene. Item 27 is marked other than other traumatic event, to M		20a. Method of Disposition		20b. Pled	e of Disposition	(Neme of		Date	20c. Location - 0	City or Town, S	Stete
Department of Health Important: If Item 27 any Injury or other tr once.		1 2 Burial 2 Cremation 4 Donation 5 Other (Sp		9	etery, cremetory t Haven		ery 3	3-26-96 I	_		ryland
import any in		21. Signature of Funerel Service I	icensee .	nisk	2	ne end Addre East W	ss of Fecility 1	Minnich vd., Hag			and 2174
Medical and physician and sthe buriel-transit	edicai Examiner	Immediate Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	a. GAS EP	Due to (or ea	s a consequence s a consequence	e of):					
O 0		resulting in deeth) Last	d								
by the	Physician/M	Pert II. Other significant condition	ns contributing to death	but not resultin	ng in the underly	ring ceuse gh	ren in Pert I.				causs of death?
been signed should be del	ó							24e. Was a	an autopsy med?	available	utopsy findings e prior to ion of ceuse
S C/	Completed							1 KY	es 2□No	of death	?
certificate rector, per	BeC	25. Was cese referred to medical					26. Place of Dec	eth (Check only or	ne)	1	
	To B	exeminer? 1X Yes 2 No	Hospital: inpa	tlent ZNEF	VOutpetient 3	DOA Ott	or:	lome 5 ☐ Resid		er (Specify)	
After thi funeral		27. Menner of Death  1 Netural 5 Pending investig	28a. Dete of In (Month, E 3/22/96	jury 28 ley Year)	3b. Time of Injury	28c. Injur Wo	ry et rk? Yes 2 🛣 No	28d. Describe h	ow injury occurr N	ed	
s effer death if Director: A ad in by the f	Certification:	3 ☐ Suicide 6 🛣 Could n 4 ☐ Homicide determi	ned 289. Place of I	etc. (Specify)	e, farm, street, fa			28f. Location (S City or Tow WASHINGTO			ite Number,
	Medical	29a. Certifier (Check only one)  1 Certifying Medicel I	g Physician: To the bes Examiner: On the basis and manner:	of examination	dge, deeth occu n end/or investig	irred et the the atlon, in my c	me, dete end plece opinion, deeth occu	, and due to the d irred et the time, d	euse(s) end ma late end place, a	nner as steted	cause(s)
n 24 houn e Funera detely fille						29c. Licens	se number	- 4	29d. Date signed	Month, Dey.	Year)
within 24 hours effer of To the Funeral Direct completely filled in by	Me	29b. Signature end title of certifier									
within 24 hours effer deat  To the Funeral Director: completely filled in by the	Me	29b. Signature end title of certifier	. 111	and a	0	o.c.	M.E.	N	MARCH 2	23,199	6
within 24 houn  To the Funers  completely fille	Me	29b. Signature end title of certifier  The offer  30. Name and eddress of person of the offer in	who completed ceuse of	doug (Item 2	(Type, Print)		M.E.	N	MARCH 2	23,199	6
within 24 hour  To the Funers  completely fille	Me	Theode					M.E. Baltim				

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Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 09059

							Cer	tificate of	Death			Reg. No.		
	Divista		1. Decedent's Neme	(First, Middle, La	st)					2.	Dete of De	eth	V	3. Time of Deeth
	Physic /Medi		Margaret	Ann COR	BISER					-	Month	Dey 19 1	GOL.	9.35
Ŧ	Exami		4a. Fecility Neme (If I	not Institution, giv	e street end numb	er)			4b. City, To	wn, or Locat	ion of Death		of Deeth	1.00
			Washingto							agerst			ningt	on
	Funeral Director		5. Social Security Nui 386-36-24 Usuel Residence of E	493 <sup>1</sup>	6ex 7. □M 2⊠F	Age (In yrs. la:	st birthday) Yrs.	Months Deys		Min.	Dete of Birt (Month, Da une 1	y, Year) 0, 1922	Cour	place (Stete or Foreign ntry) Labama
	land m			10b. County		10c. City,	Town or Loc	ation					1	10d. Inside City Limits
	Many 4 sh	ō	MD	Washing	ton		Keedvs	sville						1 ☐ Yes 2 ☐ No
	the 284	Director	10e, Street and Numb					10f. Zip Code				10g. Citizen of V	What Cour	ntn/?
	ath with	ral Di	3703 Ches		ive			217	56			USA	Vital Cour	niy!
21215-0020	d 2 should be filed within 72 hours after death with the Maryland th and Mentel Hygiene.  7 is marked other than "netural", or itema 23s or 28s-f show traumatic event, the Medical Examinar must be notified at	by Funeral	11. Meritel Stetus 1 Never Merriec 3 Widowed 4		12. Wes Decede Armed Force 1 Yes 2] If Yes, Give Yeer or Dete	s? KI No	11	/es Decedent of Yes, specify Cub ☐ Yes 212 No		gin? (Specify , Puerto Ric	Yes or No an, etc.)	Specify	k, Whita,	
5-0	72 h	Completed	(Specify	5. Decedent's Ed	lucation de completed)		16a. Decede	ent's Usuel Occu	pation during most	of working		16b. Kind of Bu	siness/In	dustry
121	within ene.	du	Elementery/Second		College (1-4d	or 5+)		ind of work done O NOT use retire				-		
	filed with Hygiene. rther than	CO	6		0		to	od proce	_					rvice
Maryland	2 should be filed w and Mentel Hygler Is marked other th reumatic event, th	To Be	17. Fether's Neme (F William	irst, Middle, Last) n Alfred						rs Neme <i>(F</i> nristi		Meiden Sumem rv <b>i</b> s	Θ)	
any	should and Men marks umarks	-	19e. Informent's Nem	ne/Reletionship (	Type, Print)		19b. Malling	Address (Stree	t end Numbe	or or Rural R	oute Numbe	er, City or Town,	State, Zip	Code)
	E = 61 F		E. Dougla	as Corbi	ser		11916	Comanci	ne Dri	ve St	nithsh	niro. Ma	rvla:	nd 21783
ore,	ges 1 and to of Healt If Item 2		20a. Method of Dispo		Removel from Ste		ce of Dispos	ition (Neme of etory or other ple		1 0	Dete	20c. Location -		
Ē	artment ortant: Peg Injury o		4 Donetion 5			Re	st Hav	ren Ceme	tery	3-22	-96	Hagerst	own,	Maryland
Baltimore,	permit. Peges 1 Department of H Important: If ite any injury or of		21. Signature of Furt	Frail Service Licer	Min	ni el	MI	Neme end Addr	UNERAL	HOME	Ueco	t	Md	21740
	_		23a. Part1. Enter the shock, or heert	diseese, or com	plicetions thet caus	sed the deeth.		5 E. Wi					MG.	Approximete
	Physician	1	shock, or heert	failure. List only	one cause on eech	h line.								Intervel Between Onset end Death
и	/Medical		Immedieta Causa (Fi	inel	int	Nacere	Land	nemar	-hara					Ladour
	Examiner		disease or condition resulting in deeth)		e		as a consequ	100000	rage				<u> </u>	1-201axs
	سيسيد	ě			+14	554e	1		activi	top			1	12 days
	od ansit	Examiner	Sequentially list cond	litions	b		s a consequ	no gen	aciii	MOR			- 1	1-2000
0,	death certificate be executed e attending physician and ed for use es the buriel-transit		Sequentially list cond if eny, leading to imm cause. Enter Underly Ceuse (Disease or in	rediete ring	56	. 1 . 1	COron		tory	dise	950			MANY WOOLS
68760,	ysic he bi	Ica	thet initieted events resulting in deeth) Le		c		s e consequ	41	101	Chisc	,,_		-	mer ger
	ing pl	Medical	resolving in deeting Le	5(		Noisem	hina	pertensi	110				i	MAINY HAAR
Вох	eath ce attendi				d	severe	- July	Der CH 31	2.1				1	many years
	dea ne at	Physician/	Pert II. Other significa	ent conditions o	ontributing to death	n but not resulti	ing in the un	derlying cause gi	ven in Pert I.		23b. Dld 1	obacco use cor	tribute to	the cause of death?
P.0	that the de led by the a detached t	Å,	Ondo	to a var	I					1	101	Yes 2 No	3 Pro	bably 4 Unknown
	8 5 5	by			nal dise									
Division of Vital Records,	requir seen s hould	Completed	Mult	ti-infarc	+ deme	ntea						an eutopsy med?	av co	ere autopsy findings allable prior to impletion of cause
Re	The law ate hes b page 2 s	E G	h	erlipide	da. d							. 50		death?
a			25. Was case referred		1101							es 2000	11	Yes 2/201No
5		o Be	examiner?	200.0000000	Hospitel:		and to the little	Ot	har	of Deeth (C				
of	Phys raid	: To	27. Mannar of Deeth		1 (2) Inpa		NOutpatient 8b. Time of	3LI DOA	4LI NUI			lence 8 Other		V)
on	Attending I or death. ector: After by the fune	Certification:	1 ⊠Naturel 2 □ Accident	5 Pending investigation	(Month, I	Dey Year)	Injury	28c. Inju Wo M 1	ork? ]Yes 2∐1			,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
S	or Attendation of after death Director: /	lca lca		6 Could not be		Iniury - At hom	e ferm stre	et, fectory, office			Location /S	Street and Numb	er or Rura	al Route Number,
Š	or A after Directly	E F	4  Homicide	datermined	building,	etc. (Specify)	0, 101111, 0110	or, rootory, orrioo			City or Tow			, , , , , , , , , , , , , , , , , , , ,
	To the Hospital or Attending Phy Within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai C	29e. Certifier 1! (Check only 2!	Certifying Phy	ysician: To the besis	of examinetion	edge, deeth	occurred et the ti	ime, dete and opinion, deet	d piece, end h occurred a	due to the o	cause(s) and me date end plece, a	nnar as s	tated. o the cause(s)
	within 2 To the comple	₩ W	29b. Signature and titl	le of certifier	end menner	aleted.		29c, Licen	sa number			29d. Dete signed	(Month	Dev Yearl
	<b>5</b> ★ 6 8		· ali	10)-						2				
			711	merchen	1				3963			اإد	19/9.	6
			30. Neme and eddress	1		death (Item 2	0 41	rint)	14 1	1	<b>+</b>	MD:	217/	17
			OM.		-	, 23	9 No.	Polomac	: 51-)1	1agevs	10Wh	141)	-1/-	14
	Sta Registr		31. Deta filed (Month,			strer's Signetur	<b>a</b>	1 4		,				
	Registr	al		MAR 221	DEE!	MA, SUPERING	Mary Charles	J.						

. The second second second

		1 - STATE REGISTRAR		STATE OF MARY				HEALTH AND	MENT	AL HYGIENI REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle							2. DAT	E OF DEATN	γ \	EAR 3.	TIME OF DEATN
		MARY CATHERINI							MAR	CH 13	199	6	1:50 A M
Pir		215 78 2348	1	□ M 2 XF 74	E (In yrs. lest	YRS. MO	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	FEE	E OF BIRTN ith, Day, Year)	1922 M	Country) ARYL	
2, 3 should	OB	9. FACILITY NAME (If not institution FROSTBURG VILLA	AGE N		ΊE		CITY, TOWN	OR LOCATION OF D	EATN		9c. COUNTY	OF DEAT	N
es :	DIRECTOR	10e. STATE 10b. C	COUNTY		I	10c. CITY, TO	WN OR LOCA	ATION				10	d, INSIDE CITY
permit. Pages 1, 2,		MARYLAND  100. STREET AND NUMBER	ALLEG	ANY		FROS'	rburg	Of, ZIP CODE			100 CITIZE		LIMITS?  X YES 2 NO 1 T COUNTRY?
芝	ER.	135 S. V	JATER	STREET				21532				S.A.	COONTAIT
215-0020 attending physician. se as the burial-transit	BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married 3 Widowed 4 Divorced	12	PORCES? 1 YES	IN U.S. ARM S 2- THO DATES	ED	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexico S 2 NO Specif	n, Puerto		-		American Indian, hitle, etc.  WHITE
use att	0	15. DECEDENT (Specify only highes	it grade con	npleted)	(Give	EDENT'S USU kind of work Oo NOT use ret	done during m	ION post of working	16	b. KIND OF BUS	INESS/INOUS	TRY	WHILE
W = 2	IPLE	Elementary/Secondary (0-12)	0	College (1-4 or 5+)		EMAKE	,			OWN I	HOME		
YLAND 2 by the hospital be detached to at once.	COMPLET	17. FATNER'S NAME (First, Middle, La	nst)					18. MOTNER'S NA	ME (First,				
MARYLAND retained by the hospit 5 should be detached notified at once.	BE	FI  19e. INFORMANT'S NAME (Type/Prin		CICK K. CRO						RUMP			
MAR e retained 5 should notified	5	MILTON N. CROWN			- 1			end Number or Rural  • CKHAR				ide)	
IORE, e 6 may be ector, page must be		20e. METHOD OF DISPOSITION 1 [X] Burlel 2 Cremetion 3		I from State	Db. PLACE AN	DDATEOFDI	SPOSITION /A	lame of	OA.	TE 20c, LOC	CATION — Cit	or Town,	State
ALTIMOF leath. Page 6 m funeral director, xaminer must		4 Donetion 5 Other (Specify 21. SIGNATURE OF PUNERAL SERV	,		ROSTB	URG M		AL PARK, 3		96 FRO	STBURG	, MD	21532
		- / / Kiny	lou	1/12	bue	$\omega$	SOWER 60 W.	RS FUNERA MAIN ST	L HC	ROSTBUI	RG, MD	215	32
B/ nours after of d in by the or removal.		23. PART i. Enter the diseese shock, or heart fa	s, or com	plicetions thet ceuse t only one ceuse on	ed the deer each line.	th. Do not e	nter the m	ode of dying, suc	h as ce	rdisc or reapli	ratory srres	l.,	Approximats Interval Between
fill fill		IMMEDIATE CAUSE (Final disesse or condition resulting in death)	14	WREK	IIA								12 Hours
68760, ecuted within nd completely burial, crema		tooding in county		DUE TO (OR AS	A CONSEQU	ENCE OF):							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Secure and and pure pure pure pure pure pure pure pure	OI.	Sequentially list conditions, if any, leading to immediate	b	OUE TO (OR AS	A CONSEOU	ENCE OF):							
BOX ficate be as physician a perfor to ne prior to her traum	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	_ ه	DUE TO (OR AS	A CONSEQU	ENCE OF							
P.O. th certing an office of office of the certing	CERTI	that initieted events resulting in death) LAST	d		7 00110200	ENGE OF J.							
	AL A	PART II. Other significent con	ditione c	ontributing to deeth	but not rec	oulting in th	e underlylr	ng cause given in	Part I.	24a. WAS AN / PERFOR			RE AUTOPSY FINDINGS
O = 8 = 8	MEDIC	Septice			0	1000	il a			1 TYES 2		CO	MPLETION OF CAUSE DEATH?
		DID TOBACCO USE CO		BRAIN UTE TO CAUSE				UNCERTAI	— N П			1[	YES 2 NO
AL has beg	SICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	CAL			OF DEATH (C	heck only one		-				
F VIT, SICIAN: The certificate the State	IYSI	1 VES 2 NO		OSPITAL: Inpatient 2 ER/Ou		DOA 4	7	me 5 🗆 Residence					
O Hy with with the sea of the sea	у РНУ	1 Natural 5 Pending		28e. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	28d. OE	SCRIBE NOW IN	JURY OCCUP	ED	
ISIC ITTENDI TOR: A after de	red BY	2 Accident Investig 3 Sutcide 8 Could n 4 Nomicide determine	not be	28e. PLACE OF INJUR building, etc. (Spi	TY — At home	e, tarm, street	, tectory, affi	c⊕	281. LO C/h	CATION (Street e.	nd Number or	Rural Route	Number,
OR DIRI	PLE	29e. CERTIFIER (Check only	PHYSICIAN	Y: To the best of my kno	wiedga, deat	n occurred at	the time, det	e end place, end due	to the ce	euse(s) end meni	ner es stated.		
HOSPITAL FUNERAL WITHIN 72 P	COMPLET			on the besis of examinati								euse(s) en	d manner es stated.
물 물 물	BE (	296. SIGNATURE AND TITLE OF CEI	RTIFIER	M.D				29c. LICENSE NUI	MBER 2.	e	29d. OATE S	GNED (MO	nth, Day, Year)
2 223	70	30. NAME AND AODRESS OF PERSO	ON WHO CO	OMPLETED CAUSE OF D	EATN (ITEM :	27) (Type, Print	)	N 276	07	σ	140	rca	13, 1896
Mes		SATURIVINA ( 31. DATE FILED (Month, Day, Year)	CHAN	JG. M.D. R	4.36	Front	leurs (	plaza t	Ros	Tourz	Mar	lan	13, 1896
		MAR 141	996	32 FEGISTIFICATES SIGNATURE	or Nav	all.		0			V		

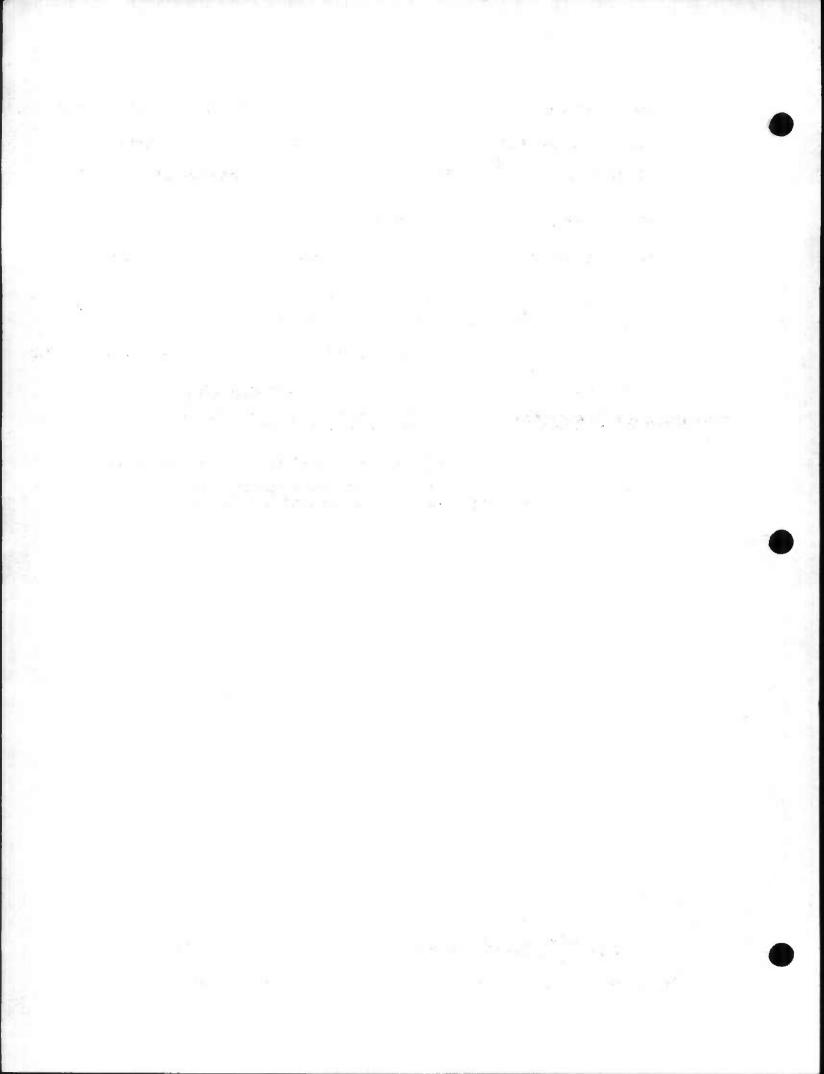
#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

96 09061

			Certificate of Dea	ath	Re	eg. No.	0 0 0 0 0	0 1
	3		Decedent's Nama (First, Middle, Last)		2. Data of Deat	h	3. Tima of	Deeth
	Physic /Medi		Ruth L. Cessna		Month March	1. 199	Yaar 96 7:55	A.M.
Ď.	Exami		4a. Fscility Name (If not Institution, give street and number)  4b. Cit	ity, Town, or Lo		4c. County of		
1			326 PRINCETON LANE	BEL AIR	2	HAR	FORD	
	Funeral Director	Г	5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) If Undar 1 Year If U	Under 24 Hrs. lours Min.	8. Data of Birth (Month, Day, Sep 29	Year)	Birthplaca (Stete or Country)     MD	r Foreign
	pur &		Usual Residence of Decedant  10a. Stata 10b. County 10c. City, Town or Location			,		
	Aaryla eho	5					10d. Inside Cit	
	the A	Director	MD Harford Bel Air  10e. Street and Number 10f. Zip Code		1	0g. Citizen of W	44	
	h with		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	, ,		ISA	
)20	within 72 hours after death with the Maryland ene. than "naturel", or items 23a or 28e-f show he Madical Examiner must be notined at	by Funeral	11. Marital Status  12. Was Decedani Evar in U,S. Armed Forcas?  1 Never Married 2 Merried  1 Yes 2 No 1 Yes Give 1 Yes, Give 1 Yes C Dates:	nic Origin? (Spe	cify Yes or No- Rican, etc.)		- Amarican Indien, , White, atc.	
Ö	2 hou	Pe		1		16b. Kind of Bus	white white white	5
Baltimore, Maryland 21215-0020	d within 7. jiene. r than "n	Completed	(Specify only highest grade completed)  Elementary/Secondery (0-12)  12  (Give kind of work done during life. DO NOT use retired)  Sales Clerk	g most of workir	ng	Lazara	as Dont St	toro
9	Hygin H		17. Father's Neme (First, Middle, Last)  18. N	Mother's Neme	(First, Middle, N		us Dept. Si	rore
lan	S is b	To Be	John Hoffman		(Wallac		,	
any	d 2 should th and Mer 7 is marke traumatic		19a. Informent's Neme/Reletionship (Type, Print)  19b. Meiling Address (Street end N	Number or Rura	/ Route Number	City or Town, 5		
2,	C TO N F		Barbara Monahan/daughter 326 Princeton La William M. Cessna/son Fort Ashby, WV	26719	I Alr, F	4D 2101	4	
ore	0 - 2		20a. Mathod of Disposition  20b. Plece of Disposition (Neme of cametery, cremetory or other plece)		Dete	20c. Location - C	City or Town, State	
‡	t. Pa rtman tant: sjury		4 Donetton 5 Other (Spacity) Rocky Gap Veterans		03/04	Flints	tone, MD	
Ba	permit. Page Department o Important: If i eny Injury or 2008.		21. Signeture of Funarel Service Licensee  22. Name end Address of F Scarpell Cumberla:	Li Funer	al Home 21502	Ę		
• c			23a. Part . Enter the disease, or complications that caused the death. Do not anter the mode of dying, such and or heart tellure. List only one cause on each line.			est,	Approximate Interval Batw	9
	Physician /Medical		Immediate Cause /Finel				Onset and D	Death
	Examiner		disease or condition resulting in death)  ITANSITIONAL CELL CARCINOMA,	Rt. kı	dney		1 year	C
		Je.	Dua to (or as s consequance of):  Metastasis to lymphnode, pleu	ura.				
	icate be axecuted physician and s the burial-transit	Examiner	Sequentially list conditions.  Dua to (or as e consequence of):	01.0.				
o,	a axe		if any, leading to immediate places. Enter Underlying Places 1 offusion					
68760,	ate by	edical	Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequenca of):					
9 ×	5 5 4	2	d. Hypoxaemia 2 <sup>0</sup> to pleural effu	usion				
ROX	eath ca attandii I for use	lan	u. Hyperadilla 2 do product original	001011				
0.	the a	Physician/	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in	Pert I.	23b. Did to	bacco use conf	ribute to the cause of	f death?
ď.	that bed b	by Ph			1 🗆 Ye	2 No	3 Probably 4 □ U	Unknown
of Vital Records,	s been s should	Completed t			24e. Wes ai		24b. Were sutopsy fir available prior to completion of ca of death?	0
Ĭ	g _ 0	E			1 □ Ye	s 2 <b>X</b> I No	1   Yas 2   1	No
<u> </u>	dentificata rector, pag	Be	25. Wes case rafarred to medical 28.	. Plece of Death	(Check only on	e)		
>	5 00	2	axamlnar? 1 Yas 2 X No  Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4	□ Nursing Hon	ne 5 🕅 Reside	nce 6 DOtha	(Specify)	
0	Attending Ph or death. octor: Atter th by the funeral		27. Menner of Death 1 Death Second Sec		8d. Describe ho	w Injury occurre	d	
DIVISION	or Attending after death. Director: After I in by the funa	Certification:	3 Suicida 6 Could not be determined 28e. Piece of Injury - At homa, farm, street, factory, office building, etc. (Specify)	2	81. Location (St. City or Town		r or Rural Route Numb	ber,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral	edical C	29a. Cartifier (Check only one)  1 Certifying Physicisn: To the best of my knowledge, death occurred et the time, de 2 Medical Examiner: On the best of exeminetion end/or investigation, in my opinion and manner stated.	ata and place, a n, daeth occurre	nd dua to tha ca ed et the time, de	usa(s) and man ete end plece, si	ner as stated. nd dua to the ceusa(s)	)
	Within To the To the Comp	Me	29b. Signatura and title of carrier  B.D. PAREKHIM D18424			9d. Dete signed	(Month, Day, Year)	
	WI.		30. Name and address of person who completed cause of death (Item 23e) (Type, Print)		1.11	7	-	
	ILLS		Dr. Bharat D. Parekh - 1908 Harford Rd., Fallsto	on, Md.	21047			
	Sta		31. Date flet (Month, Day Year) 32. Registrer's Agnature					

Registrar



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SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he fire State Dept. of Neath and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and	IMPORTANT: If item 28 Is marked, or item 23 shows any it

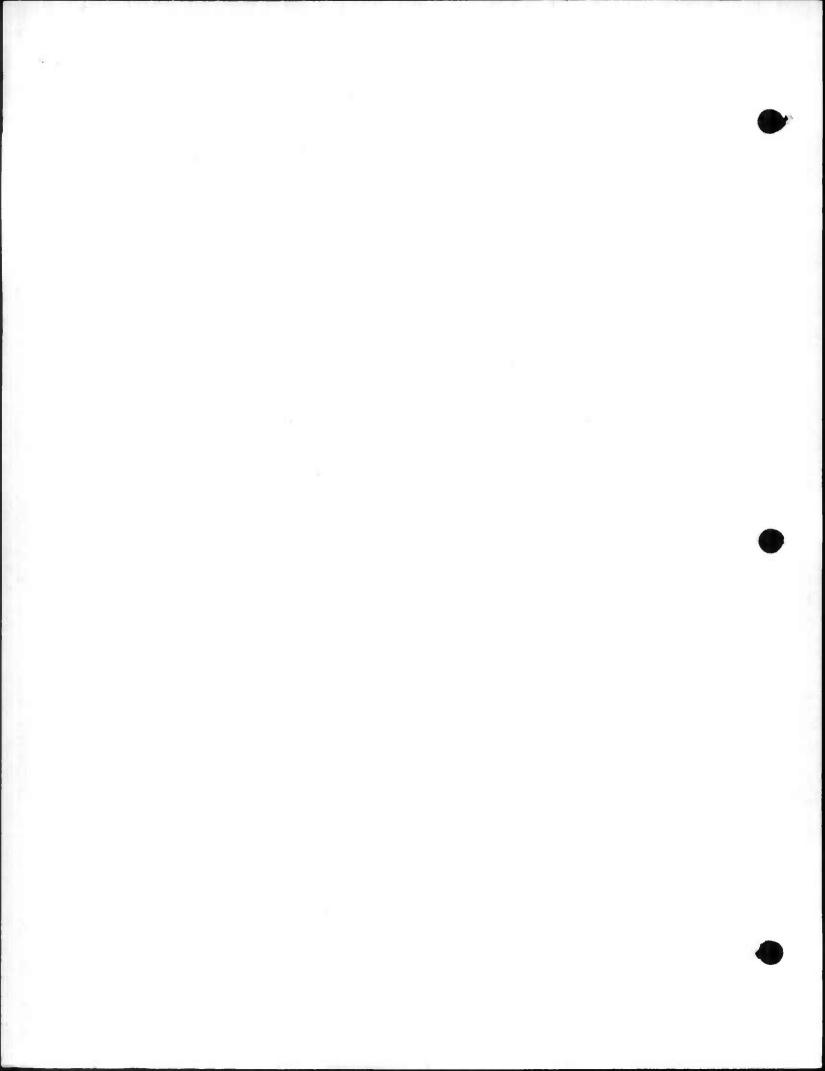
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF HEALTH ANI ATE OF DEATH	MENTAL HYGIEN		
,	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF OEATH
Ì	GERALD FRAN	CIS CHAMBE	ERS		MARCH 15,	1996 YEAR	12:20 P M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HR	Midneth Day Mant	8. BIRTI	HPLACE (State or Foreign
ĺ	214 05 9912	1 X M 2 □ F 8:	5 YRS.	HITE DATS HOURS MIN	APRIL 16,		
~	9a. FACILITY NAME (If not institution, give str		96	CITY, TOWN OR LOCATION OF	OEATH	9c. COUNTY OF E	DEATH
5	SACRED HEART	HOSPITAL		CUMBERLAND		ALLEGA	NY
DIRECTOR	10a. STATE 10b. COUNTY		t0c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY
	MARYLAND ALLE	GANY	MT.	SAVAGE			1 TES 2 NO
₹.	10e. STREET AND NUMBER			101. ZIP COOE		tog. CITIZEN OF	WHAT COUNTRY?
FUNERAL	RT 1, BOX 195F			21545		U.S.A	
	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1 YES	2 VNO	t3. WAS DECENOENT OF HIS If yea, specify Cuben, Ma:	dean, Puarlo Rican, etc.)		E — American Indian, k, White, atc.
B	3 Wildowed 4 Divorced	IF YES, OIVE WAR OR D	ATES	1 TYES ZY NO Sp	ecity:	Spec	WHITE
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade	ATION completed)	18a. DECEDENT'S USI	UAL OCCUPATION done during most of working	16b. KIND OF BU	ISINESS/INOUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)			
MP	6		BRAKEMAN		RAILR		
	17. FATHER'S NAME (First, Middle, Last)	NO TRA		2	NAME (First, Middle, Maider	,	
BE	JOHN T. CHA  19a. INFORMANT'S NAME (Type/Print)	MBERS	19b. MAILING AD	DRESS (Street and Number or Ru	GARET TIGHE		
2	KATHLEEN SINES			PPER SUNNYSID		, , ,	F MD 21545
	20a. METHOO OF DISPOSITION		D. PLACE AND DATE OF D	SPOSITION (Name of		OCATION — City or T	
	1 To Burisi 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	S'	netery, crematory or other PATRICK	S CEMETERY,	3/18/96 MT.	SAVAGE,	MD 21545
	21. SIGNATURE OF THEBAL SERVICE OF	SMX	burges)	22. NAME AND ADDRESS OF SOWERS FUNER	AL HOME, P.	Α.	
$\neg$	23. PART I. Enter the diseases, or c			60 W. MAIN S			Approximata
	ahock, or heert fellure. I	A R.Z	S 2	organizione	spirad	102	Interval Between 2-16' 95
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	1 cell	A CONSEQUENCE OF):  ACONSEQUENCE OF):  A CONSEQUENCE OF):	1/1	ng phen failu	emoni,	i
CE		l		10		9 6	
: MEDICAL	PART II. Other eignificent conditions  DID TOBACCO USE CONTR				PERFO	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t  YES 2 NO
AN I	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH				
Sic	t YES 2 CHO	HOSPITAL:		THER:  Nursing Home 5 Residen	ca 8 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF OEATH  1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. OEŞCRIBE HOW	INJURY OCCUREO	
	2 Accident Investigation			M t YES 2 NO			
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At homa, farm, atre-	T TES 2 NO	281. LOCATION (Street City or Town, State	and Number or Rural	Route Number,
OMPLETE	3 Suicide 8 Could not be determined 4 Homicide 8 CERTIFYINO PHYSIC (Check only	building, atc. (Spe CIAN: To the best of my know	viedge, death occurred a	T TES 2 NO	28f. LOCATION (Street City or Town, State due to the cause(a) and me	enner sa stated,	
O BE COMPLETED	3 Suicide 8 Could not be determined 4 Homicide 8 CERTIFYINO PHYSIC (Check only	building, atc. (Special Control of the basis of examinate	viedge, death occurred a	et, factory, office  et the time, deta and place, and n my opinion, death occured at  29c. LICENSE	281. LOCATION (Street City or Town, State due to the cause(a) and me the time, data and place, a	enner sa stated,	
. 14	3 Suicide 4 Homicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	building, atc. (Social Control of the basis of axamination	viedge, death occurred a on and/or investigation, is earth (ITEM 27) (Type, Prince 4)	et, factory, office  et the time, deta and place, and n my opinion, death occured at  29c. LICENSE	281. LOCATION (Street City or Yown, State due to the cause(a) and mut the time, data and place, a NUMBER	enner sa stated,	(a) and manner as stated.

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		1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIEN					
		1. DECEDENT'S NAME (First, Middle, Last) RONALD ALBER					2. DATE OF DEATH MARCH 19	, 1996 <sup>ve</sup>	3. TIME OF DEATH 6:45 p			
Pin		4. SOCIAL SECURITY NUMBER 216-38-1748	1 🗓 M 2 🗆 F 5	E (In yrs. last birthday)  5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		1940	BIRTHPLACE (State or Foreign Country) PENNSYLVANIA			
1, 2, 3 should	TOR	98. FACILITY NAME (If not institution, give si SACRED HEART H RESIDENCE OF DECEDENT				BERLAND	EATH	9c. COUNTY ALLE	of death EGANY			
permit. Pages 1	DIRECTOR	10a. STATE 10b. COUNTY	EGANY		TY, TOWN OR LOC ELLER SLI				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
. usit	FUNERAL	14208 TEMPLE S	TREET, P. O	. BOX 19	1	101. ZIP CODE 21529		10g. CITIZEN USA	OF WHAT COUNTRY?			
ding physician. the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 📉 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 YE IF YES, GIVE WAR OR	S 2 1 NO	If yes, s	ECENDENT OF HISPAI specify Cuben, Mexico ES 2 NO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)  y:		RACE — American Indian, Black, White, etc. Specify: WHITE			
hospital or attending ached for use as the ce.	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1 2		16a. DECEDENT'S (Give kind of life. Do NOT u	,	TION nost of working		DS MATN	ITANENCE			
by the	BE COM	17. FATHER'S NAME (First, Middle, Lest) ALBERT E. COOK			_ 1_3		AME (First, Middle, Maider LIS M. LOW	n Surname)	TANENCE			
ay be retained page 5 should be notified	70	190. INFORMANT'S NAME (Type/Print) ALBERT E. COOK		1420	19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 14208 TEMPLE ST, ELLERSLIE, MD 21529-0019							
deam. Page 6 m funeral director, examiner must		20s. METHOD OF DISPOSITION  \[ \]\X\\X\\X\\X\\X\\X\\X\\X\\X\\X\\X\\X\\X	ovel from State	Ob. PLACE AND DATE omology, crematory or of PORTER C	EMETERY 22. NAME HA	MAR 23, ANO ADDRESS OF FA RVEY H. 2	1996 RD	NERAL H	IAN, PA 15545			
ocam cernicate be executed within 44 hours after a strending physician and completely filled in by the lental Hygiene prior to burial, cremation, or removal inty, or other traumatic event, the medical can	CERTIFICATION	23. PART I. Enter the diseases, or of shock, or heart failure. If IMMEDIATE CAUSE (Finst disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	RESPIRA  DUE TO (OR AS  OUE TO (OR AS	TORY FAIL  A CONSEQUENCE OF	.URE ค: PLEURAL ค:			AND BONE METASTASI				
requires that the seen signed by the of Health and M shows any Inje	MEDICAL	PART II. Other significant conditions  DID TOBACCO USE CONTR					PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
te has ate Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 X NO	HOSPITAL:	26. PLACE OF DEA	TH (Check only one OTHER:							
for this certifical the this certifical eath with the St. marked, or it	ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Morith, Day, Year,	Y 26b, TIN	E OF 28c. IN	JURY AT /ORK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCURE	:0			
CTOR: A after of a 1s Is	0	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, pecify)	street, factory, off	ica	28t. LOCATION (Street City or Town, State)	and Number or Ri	ural Route Number,			
크리트	COMPLET		CIAN: To the best of my knot: Con the basis of examinat						use(s) and manner as stated.			
TO THE FUNERA TO THE FUNERA DE filed within 7 IMPORTANT: 1	TO BE C	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type	Print	29c. LICENSE NUI D-17526			CH 20, 1996			
3		JOHN MEHANNA, N 31. DATE FILED (Month, Day, Veer)	1. D., 909	B SETON D	RIVE, C	UMBERLAND	, MD 215	502				
		MAR 2 0 1996	Jalia Saveteer	Revoluti								



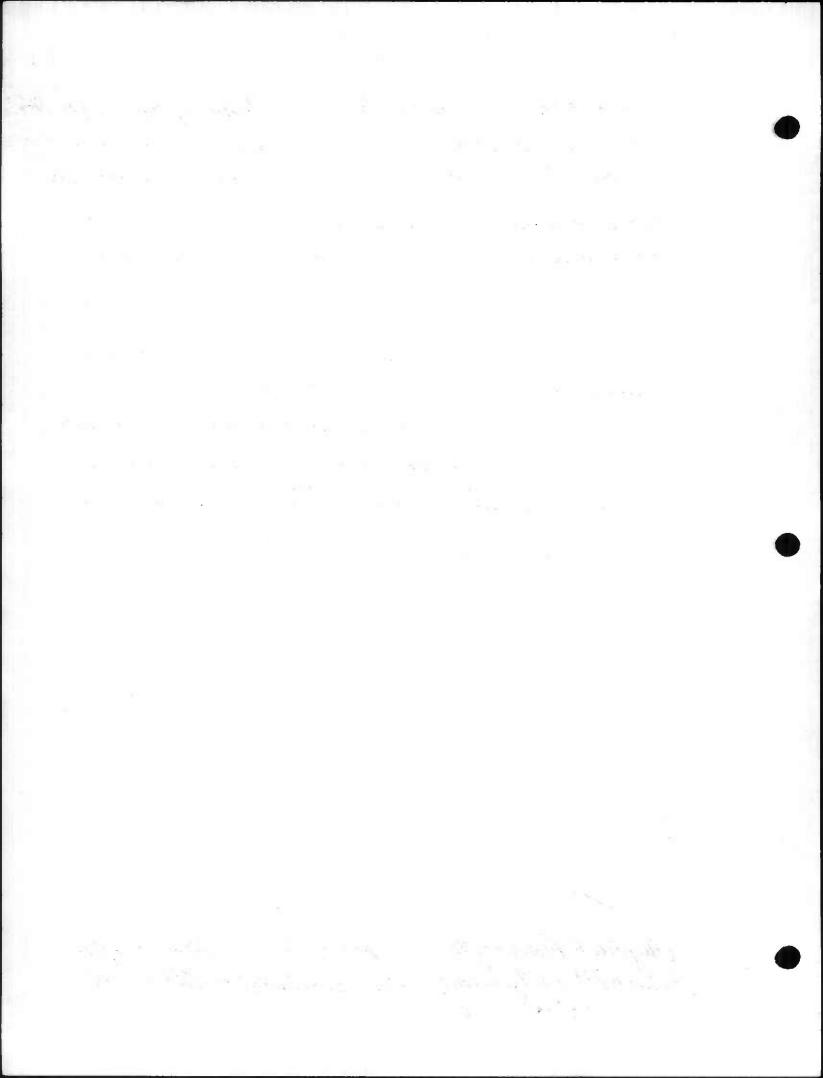
#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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						Certifica	ate of E	Death		Reg. No.			
	Physic	ian	1. Decedent's Name (First, Middla, La	of E.	2	. /			2. Data of De	ath Day	Year		of Death
	/Medi				80	PHINI			Majer	6/199	6	12%	O May
<i>)</i>	Exami	ner	4a. Fecility Neme (If not Institution, giv	a street and number)			41	o. City, Town, o	r Location of Death				
_			PRINCE GEORGES  5. Social Security Number 6. S			abado al If I Inc	ler 1 Yaar	Chev If Undar 24 H	rerly			orge	
	Funeral Director	1		M 2□F	a (In yrs. last bir 50	Yrs. Month		Hours Mi	n. (Month, De	y, Year)			e or Foraign
	_		244-70-3275 Usuel Residence of Decedent		50				July 1	3, 1945	was	ning	ton, NC
	yland		10e. Stete 10b. County		10c. City, Tow	n or Location					1	0d. inside	City Limits
	the Manylar 28a-f show notified at	to	District of C	olumbia		Washing	ton					1 <b>∑</b> Y8	as 2 No
	h the	Director	10e. Street end Number				Zip Coda			10g. Citizen of	What Cour	ntry?	
	th wit	alD	422 57th Street	, N. E.			200	19		United	Stat	es	
	999	Funeral	11. Marital Stetus	12. Was Decedant E Armed Forces?	Evar in U,S.	13. Was Dec	edent of His	spanic Origin?	(Specify Yes or No erto Rican, atc.)		e - Amario	an Indian,	
20	d within 72 hours after deeth with the Maryland jiene. Triban "natural", or Itema 23a or 28a-f show the Medicel Examiner must be notified at	by Fu	1 ☐ Never Merried 2 ☐ Warried 3 ☐ Widowed 4 ☐ Divorced	1 Ves 2KN If Yes, Give Yeer or Detes:	ło		2 <b>½</b> No	Specify:	ono moun, atc.,	Specify		ack.	
215-0020	2 hours		15. Decedent's Ed	ducation	16a.	Decedent's Us	suel Occupa	tion		16b. Kind of B			
215	5	Completed	(Specify only highest gra Elementery/Secondery (0-12)	ade completed) College (1-4or 5	4)	Decedent's U: (Giva kind of I lifa. DO NOT	vork done di use retired)	uring most of w	orking			,	
21	filed with Hygiene. ther than	mo.	12	College (1 401 5	,	Auto Me	chani	С		Self	Emplo	yed	
pu	be filed that Hygie d other event, II	Be	17. Fether's Neme (First, Middle, Last,	)				18. Mother's N	eme (First, Middle,	Meiden Sumen	na)		
yla	should be filed nd Mental Hygi marked other umatic event, I	2	George Daniel	s				Lela (	Godard				
Maryland	2 8 8 2		19e. Informent's Neme/Reletionship (	Type, Print)	19b	. Meiling Addre	iss (Street e	nd Number or i	Rural Route Numbe	er, City or Town,	Stete, Zip	Code)	
	E - 0 F		Eva J. Daniels		_			et, N.	E.,Washi	ngton,	D. C.	200	19
Ore			20e. Method of Disposition  15□ Buriel 2 □ Cremation 3 □	Removel from State	20b. Plece of camata	f Disposition (A ry, cremetory o	lame of r other place	)	Date	20c. Location -	City or To	wn, State	
E.	men men jury		4 Donetion 5 Other (Specif		Godar	d's Cer			3/13/96	Washin	gton,	N.C	
Baltimore,	permit. Pages Department of Important: If It any Injury or once.		21. Signature of Funerel Service Licar	met TI	-	STEWA		NERAL I	HOME, Inc		on I	) C	
			27 Pert1. Enter the diseese, or com	plications that caused	the deeth. Do						on, c	Approxim interval B	rete
	Physician		shock, or heart feilure. List only	~							1	Onset an	d Deeth
d	/Medical		Immediate Ceuse (Final disaese or condition	Dialitic	arters	speles	Tio	Card	inorso	ula	line	10	
п	Examiner		resulting in deeth)		Due to (or es e								-
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	sertificate be axecuted ding physician end se as the bunal-transit	Examiner	Sequentially list conditions,	D	Due to (or as e	consequenca o	f):						
50,	oe axe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	6							1		
68760	cate l	Medical	thet initieted events resulting in deeth) Lest	(	Dua to (or as a	consequenca o	f):						
9 X	ding p	Me	· ·	d.									
Bo	ath c												
o.	as that the de igned by the a be detached t	Physician	Pert II. Other significant conditions of	ontributing to death bu	it not resulting in	n the underlying	, cause give	n in Pert i.	23b. Dld	tobacco use co	ntribute to		
۵.	that thed by deta								1 🗆	Yes 2 No	3 Prol	bably 4	Unknown
Records,	requiras seen sign	d by							24e. Wes	en eutopsy	24b. We	ere eutops	y findings
00	> 10	Completed							perfo	rmed?	ava	allable prio	or to
Re	The law ate hes b page 2 s	d m										death?	
Vital		Ö	25. Wes case referred to medical						10		11.	Yes 2	□ No
		OB	axeminer?	Hospitai:	nt 2 ER/Ou	itpatient 3	Othe	r·	eath (Check only o		an (Canaih		
of		-	27. Menne of Deeth	28a. Date of Injur	y 28b. 7	Tima of	28c. Injury Work		Home 5 Resident	now injury occur		γ)	
O	F C A P	tio	1 Natural 5 Pending 2 Accident Investigation	(Month, Dey	Year) i	njury M		? 'es 2 ☐ No					
Division	I or Attending after death. Director: After d in by the fune	Certification:	3 Suicida 6 Could not be determined	286. Pleca of Inju	ry - At home, fa	rm, straet, fact	ory, office			Streat and Numb	er or Rura	i Routa Nu	umber,
Ö	i Diag	ert	4 D Homicide	building, etc	. (Specify)				City or Tox	MT, Stete)			
	Hospital A hours a Funarral My filled		29a. Certifier  (Check only 2 Medical Exam	ysician: To the best o	f my knowledge	, deeth occurre	d et the time	e, dete end ple	ce, and due to the	ceuse(s) end me	enner es si	tated.	-1->
	the H the Fi	ledical	one) 2gg medicai Exan	niner: On the basis of end manner ste	ted.	d/or investigation	on, in my op	inion, deeth oc	curred et the time,	dete end piece,	and due to	the ceuse	)(S)
	O M CO	×	29b. Signature and title of certifier	0	nun		9c. License	-		29d. Dete signe		Dey, Year,	)
١	15	)	Originale &	Tourpeax	m)	K	(M)	30	d	Alfrels a	8, 19	96	
	15/		30. Name and address of personno	complete cause of de	eath (item 23a)	(Type, Print)	7 ,	01	Yp.5p1-	mo -	-	-	
			prucus 11 /- 110	11 191421	VIN 5	OUTE	zy pu	mite	b. Mr.	1111 3	114	8	
	Sta	te	31. Date filed (Month, Pay, Year)	QQC V 32. Begistre	r's Signature	PI	*		V V				



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							Certificate	of Dea	th		Reg. No.			
	Physic	an	1. Decedent's Neme (First, Mide							2. Date of De Month	eth Dev		Year	3. Time of Death
	/Medi			Bru	ce Lee	Dobb	S			March		996	1001	11:30 AM
	Examir	ner	4a. Facility Nema (If not institution	on, giva street an	nd number)			4b. City	, Town, or Lo	ocation of Deal	th 4c. (	County o	of Death	
	10.00		1909 Harcourt				Williams		ofton	T			Arund	
	Funeral Director		5. Social Security Number 418 09 1861	6. Sax 1 2 M 2 □		yrs. last birti 4	hday) If Undar 1 Yrs. Months	Deys Hou	der 24 Hrs. rs Min.	8. Deta of Bi (Month, Di Nov. 6			9. Birthpled Country Alabar	ce (Stata or Foraign r) na
	and *		Usual Rasidance of Decedent  10a. Stete 10b. Count	,	10	c. City, Town	or Location						104	I. Insida City Limits
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	198 P	Director	10e. Street end Number	Arunder		Crof	TON 10f. Zip (	ode			10g. Citiz	en of W	hat Country	
	3a or		1909 Harcourt	Ave.				114					States	
	death	Funeral	11. Marital Status	12. Was	Decedent Ever	in U,S.	13. Was Decede		Origin? (Sp	ecify Yes or N		4. Race	- American	Indian,
Maryland 21215-0020	within 72 hours after death with the Maryland ilene. Then "natural", or flems 23a or 28a-f show the Medical Examinet must be notified at	by	1 ☐ Navar Married 2ੴMa 3 ☐ Widowed 4 ☐ Divorce	riad 1 📉	ed Forcas? Yas 2 ☐ No es, Give r or Detas:	WWII	1 Yes, specif			Hican, atc.)		Bieck Specify:	k, White, etc	
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2	within 7 ene. then "r	nple	Eiementery/Secondery (0-12)	Coile	area) age (1-4or 5+)		(Give kind of work life. DO NOT use	retired)	nost of work	mg				
7		S		5+		Occ	upationa		_				vern	ient
and	be filed tal Hygle d other event, ti	Be	17. Fathar's Neme (First, Middle Luther Dobbs	, Last)						e (First, Middle		Sumame	9)	
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	icata be executed physicien end s the burlei-transit	Examiner	Sequentially list conditions	b. —	Due	to (or es a c	onsequence of):						1	
o,	en er urlei-t		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury			111.2								
68760,	nysici	Medical	thet initioted events rasulting in death) Last	C	Due	to (or es a co	onsequence of):							
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o	the e	/sic	Pert II. Other significant condit	ons contributing	to death but no	t resulting In	the underlying ca	ise given in P	ert I.	23b. Dld	tobacco u	use conf	tribute to ti	he cause of death
P.0.	d by detac									1/3	Yes 2	□ No	3 Proba	bly 4 ☐ Unknow
Division of Vital Records,	signe d be	d by								240 11/0			24h Ware	eutopsy findings
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g	delan: The certificate h rector, page		OF Management to make	., .								INO	1 🗆 1	Yes 2□ No
5	Attending Physician: The is refeath. cdeath. sctor: After this certificate he by the funeral director, page	o Be	25. Wes case referred to medical examiner?  1 Yes 2 No	Hospitel:	4 Managina	• C E E E E	patient 3 DO/	Other		me 5 Res			(O	
o	F 5 0	-	27. Mannar of Deeth	28e. [	1 ☐ Inpatient  Dete of Injury (Month, Day Ye			injury et Work?		28d. Describe			1-1-17	
0	offing th. : Afte	i i	Netural 5 Pand	ng ( igation	(Month, Day Ye	ar) in	jury M	Work? 1 ☐ Yes 2	2 □ No					
N S	or Attending latter death. Director: After In by the fune	Hice	3 Suicide 6 Could	nined   256. t	Plece of Injury -	At home, far	m, streat, factory,	office		28f. Location			or or Rural F	Routa Number,
Ö	s afte	Certification:	4   Notificide		building, etc. (S	peciny)				City or 10	wn, Stata)			
	to the Hospital or Attention 24 hours after of To the Funeral Direct completely filled in by	edicai	29e. Cartifier 1 Certifyi (Check only one) 1 Medica	Examiner: On t	o the best of my tha basis of exa mannar stated.	knowledge, minetion end	death occurred at /or invastigetion, I	the time, date my opinion,	end piece, deeth occur	and due to the red at the time	ceuse(s) dete end	and man pieca, a	nner as stat nd due to th	ed. ne cause(s)
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V	101		sun fil	Kule	m			0207	18		-	3	7-5	6
1	0) 6	ŀ	30. Name end eddress of person	who completed	cause of death	(Item 23a) (1	Type, Print)							
,	- (19		John J.	ac les	N pe	1) , 7	003 H	5 DIC A	c P	KWY.	- 10	, ac	tur	سيحان
						3000 0000								

Registrar

and and the area of hall

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

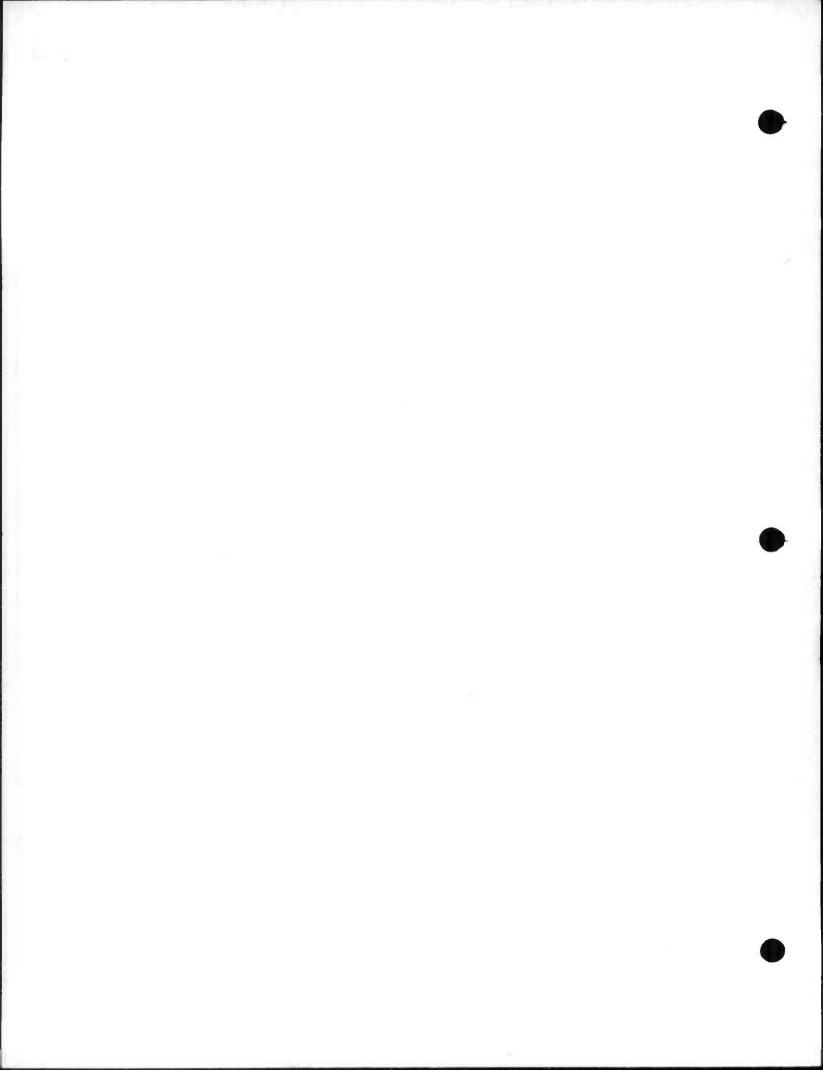
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental hygiene prior removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAN				CENTIF	ICALI	E UF	DEA	I FI	F	REG. NO.				
	1. DECEDENT'S NAME (First,	- 111								2. DATE OF	DEATH DA	W	YEAR	3. TIME OF DEATH	
	William C									March			TEAN	5:40pm	М
	4. SOCIAL SECURITY NUME		5. 9EX		s. last birthday)	IF UNDER	DAYS	IF UNDER		7. DATE OF I	BIRTH W. March		8. BIRTH Countr	PLACE (State or Foreign	n
	222-01-629		1 🕅 M 2 🗌 F	90	YRS.	WONTHS	DAYS	HOURS	MIN.	Jan 5	, 19	06	Penr	nsylvania	
_	9a. FACILITY NAME (If not in	stitution, give a	street and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE				NTY OF D	EATH	
6	Laurelwood		ng Home			E	Elkto	n				Ce	cil		
ည 	RESIDENCE OF DEC	10b. COUNT	v		40.07	Y, TOWN									
DIRECTOR	MD	Cecil	-					e Cit	17					10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	00011			- OI	csap								1 YES 2 NO	
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립	1 Never Married 2	Married	FORCES? 1	YES 2	NO		If yes, sp	ecify Cube	n, Mexicar	IC ORIGIN? (S n, Puerto Rica	pecify Yes n, etc.)	or No —	14. RACE Binck	- American Indian, White, etc.	
B	3 🖾 Widowed 4 🗌 Divo	reed	IF YES, GIVE W	AR OR DATES			1 TES	2 A NO	Specify				Whi	v: te	
<u>a</u>		EDENT'S EDU		186	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	ID OF BUS	INESS/INI			_
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릴	8	,		<u> </u>	Firema	ın				Cit	y Go	vern	ment		
COMPLETED	17. FATHER'S NAME (First, M.	iddle, Last)						16. MOTI	HER'S NAM	ME (First, Middle					
BE C	William D	eMuth								Poore		,			
	19a. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADDRESS	S (Street a	nd Number	or Rural R	loute Number, (	City or Town	, State, Zic	Code)		-
2	Betty Fitz	gerald	1							rk DE	197		,		
	20a, METHOD OF DISPOSITI	ION		20b. PL	CE AND DATE	OF DISPOS	SITION /Na	me of		DATE	20c. LO	CATION —	City or To	wn, State	-
	4 Donation 6 Other		oval from State	Gra	celawn	cemi Cemi	eter	y Ma	r 20	1996	ľ		ton I		
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE	1				D ADDRE							
	hoto	et 1	100	M						uneral				- 01015	
	23. PART I. Enter the di	seasea, or o	complications that	caused the	deeth. Do r	of enter	18 G	eorg	e St.	. Ches	apea	ke C	ity M	ID 21915	_
	anock, or ne	eart fallure.	List only one cau	se on each	line.				ng, acor	· aa cardiac	or reapi	atory are	wait,	Approximate Interval Betwe	
l l	IMMEDIATE CAUSE (Fin disease or condition		5 - '0	D.		0	10.	0.	1					Onset and Dec	eth
	reaulting in death)		. Soule	OR AS A CO	SEQUENCE OF	7): 0	AK	zken	MA	178	e			4 yrs.	_
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3	cause. Enter UNDERLY!	NG	c												
E	that initiated eventa		DUE TO	OR AS A CON	SEQUENCE OF	F):									
CERTIFICATION	resolding in death) LAS		d												
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PHYSICIAN:	EXAMINER?		HOSPITAL:		I	OTHER	R:	-0-							$\dashv$
Ŧ	27. MANNER OF DEATH		28s. DATE OF	INJURY	26b. TIM		28c. INJ			28d. DESCRIE		HIBY OC	TIBED		$\dashv$
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ВУ	3 Sulekte	Could not be	26e. PLACE OF	INJURY — A	t home, ferm, s	treet, fact			_	26f. LOCATIO	N (Street a	nd Number	or Aumi A	oute Number	$\dashv$
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ž I														and manner as stated.	
	29b. SIGNATURE AND TITLE										praca, and				
B		Akona							NSE NUMI					(Month, Day, Year)	
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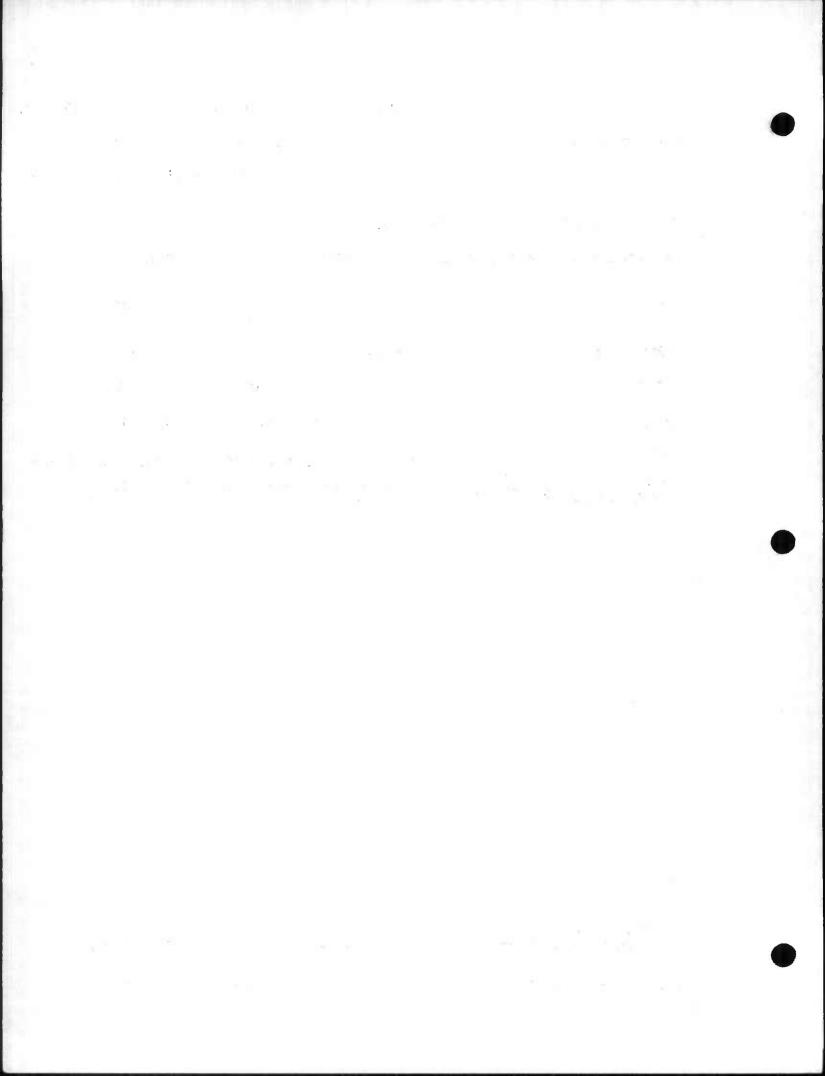


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State of Maryland / Department of Health and Mental Hygiene

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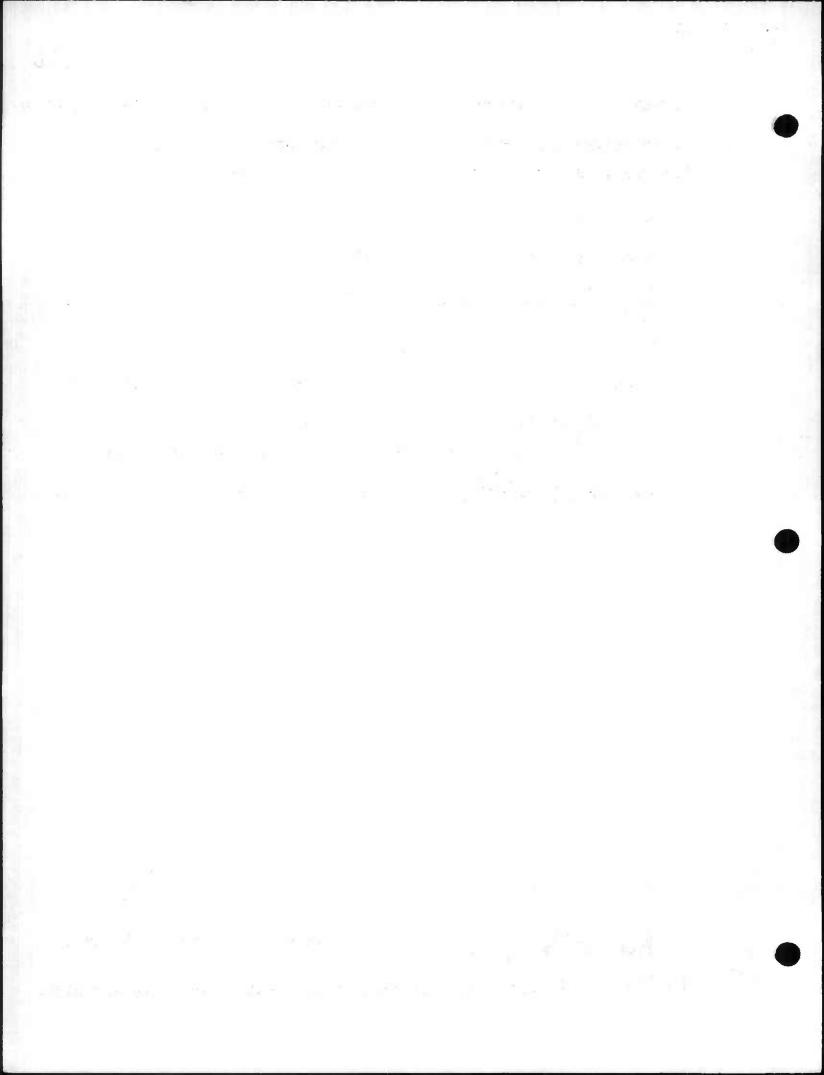
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	aryla det	-	Tod. State	у		10c. City, Town or	Location							10d. Insida C	
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	# 15 P	Director	10e. Street and Number	_				p Code			T.	10g. Citizan of	What Cou	ntry?	
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	deat	Je.	11. Marital Status	12. Was De	cedant E		. Was Dece	edant of H	lispanic Orig	gin? (Sp	ecify Yas or No-	U.S. 14. Re		can Indian,	
	within 72 hours after death with the Maryland ilene. Than "natural", or Itema 23e or 28e-f ahow the Modical Examiner must be notified at	Funeral	1 ☐ Nevar Married 2 ☐ Ma	Armed F	2 N	0		7.4	an, Maxican	, Puarto	Rican, atc.)		ck, Whita,		
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Division	or Attend after death Director: /	=	4 Homicida datam	ninad 268. Plac		ry - At homa, farm, ! . <i>(Specify)</i>	street, factor	ry, office		1	28f. Location (S City or Tow		ber or Run	al Routa Nur	nber,
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			DR. WILLIAM D.							LEC	ONARDTOW	N,MD.	20650	1	
	Sta		31. Data filad (Month, Day, Year	6 1 32	Ragistra	's Signature									
	Registr	ar	MAR 1 8 199	U JULIANOU	- marca	w. windding									



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State of Maryland / Department of Health and Mental Hygiene 96 09068

						Cert	ificate of	f Death		Reg. No.		0000
	/sicia	n	Decedent's Name (First, Middle, La HENRY	WILSON			DOWEL	L Jr.	2. Dete of De Month MARCH		996	3. Time of Death 12:00 P
	ledica amine eral	r		LLE ROAD Sax 7. As	ge (in yrs. last b	oirthday)	If Under 1 Yea		8. Dete of Bin	CALV	ERT 9. Births	elace (Stete or Foreign
Direc	tor	-	218 12 9658 Usuel Residence of Decedent	XXM 2□F	72	Yrs.	WOTHERS Day:	S TIQUIS IVIII.	Aug 1	7, 192	3	MD MD
ne Manylan 8a-f show	T Della	20101	MD Calver	t	10c. City, To	m or Loca ngs	ation				1	0d. Inside City Limits 1 ☐ Yes 2€ No
vis t	8		10e. Street and Number				10f. Zip Code			10g. Citizen of	What Cour	ntry?
seth v		200	2955 Chaneyvi		5 1- H O	100 111	2073		7	USA		
21215-0020  d within 72 hours after deeth with the Manyland plene. r than "natural", or tems 23s or 28s-f show		Dy ru	11. Maritel Status  1 □ Nevar Married 2 ☑ Merried  3 □ Widowed 4 □ Divorced	12. Wes Decedant Armed Forces? 1 ☑ Yas 2 ☐ If Yes, Giva Yeer or Detes:	No	lf.	Yes, specify Cu	Hispanic Origin? (Sp ben, Mexican, Puarto b Specify:	Rican, etc.)		ce - Amaric ck, Whita,	
T. S. 14	Medica	Completed	15. Decedent's E (Specify only highast gri Elamentary/Secondary (0-12)	ducation	16	a. Decede (Giva ki life. Do	nt's Usuel Occi Ind of work don O NOT use retir	upetion e during most of work ed)	ing	16b. Kind of B		
nd 2121 e filed within al Hygiene. other then		5	8			Farr	ner	T				ture
ylan buid be Mental		0	17. Fethar's Neme (First, Middle, Last Henry Wil		11, Sr	•		18. Mother's Nem			tter	ton
Mar 12 sh h and	manu.		19e. Informent's Neme/Ralationship			_		et end Number or Rur	ral Routa Numb	er, City or Town,	Stete, Zip	Code)
0 0 0 -	leno lo	1	Jean Hall De 20e. Method of Disposition 172 Burial 2 □ Cremetion 3 □	Removei from Steta	20b. Plece	of Disposi	tion (Neme of	above M Church	Date 3 - 1 7	20c. Location	. *	own, Steta
Baltimo		-	4 □ Donetion 5 □ Other (Special Service Local Service Loc	**	nc.		Name end Add		3-17	J0 0W	1119.	,, 110
Depart	Buce		Mrch	1 14				Funeral	Home,	Owings	, MI	20736
OX 68760, Wedge Control of the contr	cal ner	Vincular Examine	Immediate Ceuse (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	b	Due to (or es e	conseque	ence of):	4010V BS CU	um Di	Sense		Onset and Deeth
igned by the atter			Part II. Other significant conditions o	contributing to death b	ut not resulting	in the und	arlying causa g	jivan in Part I.		tobacco use co Yes 2 No	ntribute to	the cause of death?
Records, P.O. he lew requires that the shas been signed by th									24a. Was	en autopsy med?	av:	are autopsy findings allabla prior to mpletion of cause deeth?
m 9 - 5									10	Yes 2 No	10	Yas 2□ No
r Vital R ystolan: The l s certificate his		3	25. Wes case referred to medical exeminer?	11				26. Plece of Deet	h (Check only o	one)		
Of Vita Physician: rithis certific		-	1 X Yes 2 □ No 27. Menner of Deeth	Hospitel: 1 ☐ Inpatie	ent 2 ER/C		SLI DOA			dence (X)XOth		) SCENE
- D 0 3		1000	1 DA Neturel 5 Pending 2 Accident investigation 3 Sulcida 6 Could not b	(Month, De	y Year)	Time of Injury		Yes 2□No				
ital or A	Sittle C		4 ☐ Homicide determined	28e. Plece of Inj building, et	c. (Specify)	em, stree	it, fectory, office	•	City or Tox		er or Huni	i Routa Number,
DIVISION To the Hospital or Attending within 24 hours efter death. To the Funeral Director: Att	ladical		29e. Certifier 1 ☐ Certifying Ph (Check only one) 2 ☐ Medical Exam	yelcfan: To the best on the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the be	exeminetion e	e, deeth o nd/ <i>o</i> r Inve	stigation, in my	time, dete end place, opinion, deeth occuri	and due to the red at the time,	ceuse(s) and ma data and place,	annar as si end due to	eted. the cause(s)
10			29b. Signature and titla of certifiar	be Thu	u			C.M.E.		29d. Deta signe MARCH		
IVA			MAMAMAN A	completed cause of d				reet Ba	ltimor	e Mar	vlan	d 21201
Reg	State istrai	3	MAR 1 9 10	32. Registr	er's Stoneture	Pardal	in the second		T C TINOT	C, Hul	y run	ZIZUI



TO BE COMPLETED BY FUNERAL DIRECTOR

etained by the hospital or attending physician.	should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		otified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendi	be filed within 72 hours after death with the State Dept. of Health	IMPORTANT: If item 28 is marked, or item 23 shows an

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR		MARYLAND /	DEPART		EALTH AND	MENT	AL HYGIEN			0 3 0 0 3
1. DECEDENT'S NAME (First, Middle, La	est)			OATE OF	DEATH		E OF DEATN			IME OF DEATN
Ruth FRA	NCES RUT	H	D	RUIS		MON	TH   DA		EAR 1	2:15P H
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DAT	E OF BIRTH		BIRTHPLAC	E (State or Foreign
214-24-8473	1 🗆 M 2 🔀 F	89	YRS.	IONTHS DAYS	HOURS MIN.	FEI	B. 12,	1907	MAF	RYLAND
Se. FACILITY NAME (If not institution, gr	ve street and number)			9b. CITY, TOWN O	R LOCATION OF	DEATN		9c. COUNT	Y OF DEATH	
WESTMINSTER	NURSING 1	HOME		WESTM	INSTER	}		CAF	RROLI	
RESIDENCE OF DECEDENT										
MADATAND				TOWN OR LOCAL	333					LIMITS?
MARYLAND  10e. STREET AND NUMBER	CARROLL		W	ESTMIN						YES 2 NO
79 WEST MAIN	СШ			101	21157			USA.	N DF WHAT	COUNTRY?
11. MARITAL STATUS										
1 Never Married 2 Married	FORCES?	YES 2X		If yes, sp	ENDENT OF NISI	ican, Puerti	IN? (Specify Yea Rican, etc.)	or No — 14	Black, Wh	
3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE	WAR DR DATES		1 TYES	2 ND Spe	icity:			Specify: W	HITE
15. DECEDENT'S		16a, DE	ECEDENT'S U	SUAL OCCUPATION	ON	10	66. KIND OF BUS	SINESS/INDUS	STRY	
(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5	Alda .	live kind of wo . Do NOT use	ork done during mo retired.)	st of working					
12	4		CAL E	STATE	AGENT		REAL	ESTA	TE	
17. FATNER'S NAME (First, Middle, Last)					16. MOTHER'S	NAME (First	, Middle, Maiden	Surname)		
F	RANK ROW	Ξ			EFFI	E NO	DRRIS			
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING /	ADDRESS (Street e	nd Number or Rui	ral Route Nu	mber, City or Tow	n, State, Zip C	ode)	
RUTH DAVIS AL	<b>I</b> MAN		ROXB	URY RD	., CLA	UGRA	ACV, N	. Y.	125	13
20a METHOD OF DISPOSITION 1 & Burial 2 Cremation 3 5		20b. PLACE	AND DATE OF	F DISPOSITION (No	ama of	D/	TE 20c. LO	CATION — CH	y or Town, 1	State
4 Donetion 5 Other (Specify)	temoval from State	WEST	MINS	TER CE	METERY	3/2	1/96	WESTM	ITNST	ER. MD.
21. SIGNATURE OF FUNERAL SERVICE	LUDENSEE //	1			ND ADDRESS OF	EAGO CTV				L HOME
DAY V	1.4	-1/		254	E MATN					ID.21157
23. PART I. Enter the diseases.	Complement of	ar	anth Da an							
shoom, or heart fallu	re. List only one ce	use on each line	B.	ot enier tria mc	de or dying, a	uch aa ca	rulac or respi	ratory arres	it,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition	$\nabla$								1	Onset and Death
resulting in death)	a. Ue	MCATI	Q							>14m.
		CLID	OUENCE OF	•						
Sequentially list conditions,		(OR AS A CONSE	QUENCE OF	:						
if any, leading to immediate cause. Enter UNDERLYING	Н.	4		10					İ	(A) (a)
CAUSE (Disease or injury that initiated events	C. DUE	OR AS A CONSE	OUENCE DE	107					1	many your
reaulting in death) LAST	4									
\										
PART II. Other algolificent condi		,			g ceuse given	In Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS ILABLE PRIOR TO
Lalamma	tony Bo	weld.	SRG	26			1 TYES 2	NO		MPLETION OF CAUSE DEATH?
Rectal	LISTUI	9							1 🗆	YES 2 ND
DID TOBACCO USE CO	NTRIBUTE TO CA			S NO C	UNCERT	AIN 🗆				
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	26. PLA	CE OF DEAT	H (Check only one) OTHER:						
1 YES 2 NO	1 Inpatient 2	☐ ER/Outpatient :	DOA	4 Honaring Hon	ne 5 🗆 Reelden	ce 8 🗆 Ot	her (Specify)			
27. MANNER OF DEATH	26e. DATE O (Month,	F INJURY Day, Year)	28b. TIME INJU	IRY WO	DRK?	28d. D	ESCRIBE HOW I	NJURY OCCU	RED	
2 Accident S Pending Investigation					YES 2 ND				_	
3 Suicide 6 Could not	building	OF INJURY — At h., atc. (Specify)	ome, term, si	reet, tactory, offic	•		CATION (Street by or Town, State)		Rural Route	Number,
Nomicide Generalities	•									
29a. CERTIFIER (Check only	HYSICIAN: To the beat of	f my knowledge, d	eath occurred	d at the time, date	and place, end	due to the	euse(e) end me	nner ee stated	1.	
one) 2 MEDICAL EXAM	MINER: On the basis of	exemination end/or	Investigation	, in my opinion, o	leath occured at	the tima, de	nte end place, er	d due to the	cause(e) end	d manner ee stated.
29b. SIGNATURE AND TITLE OF CERT	IFIER		4		29c. LICENSE	NUMBER		29d. DATE	SIGNED (Moi	nth, Day, Year)
William	K OR	Rous	rke	mn	00	93	89	D 2	3/19	196
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	SE OF DEATH (ITE	M 27) (Type,	Print)	, /			2	1	
WILLIAM	N. OK	OUNKE	0	912	WASH	MAG	TON 1	50 1	VEST!	מנים שיבר ומים
31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE								

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#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

item #'S 23a, 27, 28 a-f Amended Carroll CO.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

3. Time of Deeth

2150PM

10d. Inside City Limits 1 ☐ Yes 🎗 ☑ No

			22/96 Ca		
		D	1. Decedent's Ne		
	Physic /Medi		CALVI	N	
	Exami		4a. Facility Neme	(If not Instituti	on, giva s
			CARROLL	COUN	TY (
	Funeral		5. Social Security	Number	8. Sex
	Director		220-26-2	482	1/2
-	7		Usuel Residance	of Decedent	
	Now III		10a. State	10b. Count	У
:	death with the Maryland ms 23a or 28a-f show firmst be notified at	Funeral Director	Maryland	C	arro.
	or 28	Sire.	10e. Street and N	umber	
	23.8	a	717 Wood	side D	rive
		le le	11. Merital Status		1
0	2 2	3	1 Nevar Me	mied ZIDKMa	rried

/ is marked other than "natural", or items traumatic event, the Medical Examiner in

þ

Completed

Be 2

Pages 1 and 2 should be filed within 72 hours after of order of Health Hygiene. In the first of the mit if item 27 is marked other than "natural", or item into or other traumatic event, the Medical Examinal rry or other traumatic event, the Medical Examinal

Department o Important: If any injury or

**Physician** 

/Medical

Examiner

buriel-transli

the

Physician/Medical

Completed by

Be

0

Certification:

Medicai

physician

signed by the at d be deteched for

peeu page 2 s

certificate

this funeral

After

To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the fu

death.

Attending Physician:

The lew requires that the deeth certificate be executed

Box 68760,

Division of Vital Records, P.O.

Baltimore, Maryland 21215-0020

Dev Month DUTTERER CALVIN GORDON MARCH 16, 4a. Facility Neme (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER CARROLL COUNTY If Under 1 Year If Under 24 Hrs.
Months Devs Hours Min. 5. Social Security Number 8. Sex 7. Aga (In yrs. last birthday)

10c. City, Town or Location

Westminster

1 M 2□ F Deys 220-26-2482 64

P.L.C.

8. Data of Birth (Month, Day, Year)

 Birthplace (State or Foreign Country) July 2, 1931 Maryland

2. Deta of Deeth

12. Was Decedent Ever In U,S. Armed Forces? 1 ✓ Yas 2 ☐ No if Yes, Give Yeer or Detes: 1 ☐ Nevar Merried 2K Married

Coilega (1-4or 5+)

21157 United States Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ Yes 20 No Specify:

14. Race - Amarican Indien, Bleck, White, etc. Specify:

White

Veer

1996

3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12)

Carroll

16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

10f. Zip Code

16b. Kind of Business/Industry

10g. Citizen of What Country?

17. Fether's Neme (First, Middle, Last)

12

Construction Foreman 18. Mother's Neme (First, Middle, Meiden Sumems)

Construction

Maurice A.J. Dutterer

19e. Informent's Neme/Reletionship (Type, Print)

Elsie A. Leppo 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

Erika G. Dutterer

20b. Piece of Disposition (Neme of cematery, cremetory or other place)

717 Woodside Drive, Westminster, MD 20c. Location - City or Town, Stete

20e. Method of Disposition

1 ☐ Burial 2 ② Cramation 3 ☐ Removel from Stata 4 ☐ Donstion 5 ☐ Other (Specify)

Carroll Crematory 22. Nema and Address of Facility 3/20 Hampstead, Maryland

21. Signatura of Funerel Sarvice Licansee

Myers Funeral Home

Neck Injury

91 Willis Street, Westminster, MD 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Death

Immediete Ceuse (Finel disaese or condition resulting in death)

Due to (or es a consequence of):

Sequentially list conditions, if any, leeding to immadiate causa. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest

Due to (or es a consequenca of):

Due to (or es e consequence of)

Pert II.	Other significant conditio	ns contributing to death bu	ut not resulting in the ur	ndarlying cause given in Pert I.	

26. Place of Deeth (Check only one)

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings avsilable prior to completion of cause of death?

2 No

19 Yas 2 No

25. Wes case referred to medical 1 XYes 2 No

Hospitel: 1 ☐ inpatient 2 ★EFVOutpetient 3 ☐ DOA 28e. Dete of injury (Month, Dey Year) 5 Pending Investigation

Found 3/16/96

28b. Time of Found M 8:43pm

28c. Injury et Work? 1 ☐ Yes 2 X No

Other: 4 Nursing Homa 5 Residenca 6 Other (Specify) 28d. Describe how Injury occurred

Subject fell down a ladder

28e. Piece of Injury - At homa, farm, street, fectory, offica building, etc. (Specify) Barn

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 1443 Old Taneytown Road

29a. Certifier

27. Menner of Deeth

1 Neturel

2 Accident

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 2 Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signetuse and title of certifian

29c. Licansa number O.C.M.E. 29d. Data signed (Month, Dey, Year) MARCH 17, 1996

ill 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

D. KORELIM 4Dayon 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Dete filed (Month, Day, Year) MAR 2 0

Mone

6 Could not be

32. Registrar's Signeture De Davdear Radall

to the state of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATENDING PHYSICIAN; The law requires that the death certificate be executed within mours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for the burial-transit permit and the permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit

1	-	STATE REGISTR	AR			
1	. D	ECEDENT'S	NAME	(First,	Middle,	L

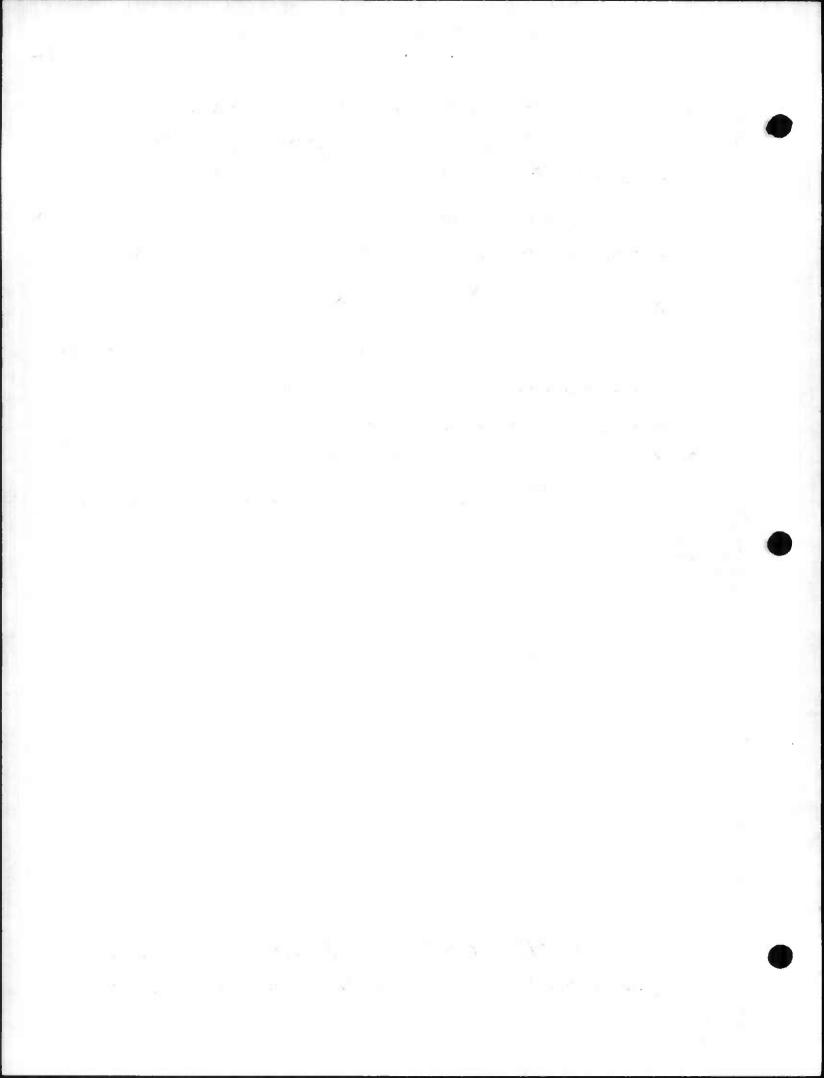
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CENTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  MONTH  OA  1. DAY  YEAR  3. TIME OF DEATH  OA  1. 18	٥					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (States or Foreign	M					
	216-14-1425 1 XM 2 IF 93 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 5-16-1902 Country) Md.						
00	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH						
DIRECTOR	AT HOME Princess Anne Somerset						
E	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?						
	/Y Q, DOMETSE PRINCESS HINE 1 X YES 2 □ NO  100. STREET AND NUMBER 7 / TO 101. ZIP CODE 100. CITIZEN OF WHAT COUNTRY?						
BY FUNERAL	11424 BECKFord Rd. 21853 U.S.						
J.F.	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 2 Merried 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes 2 NO 1 Yes						
	3 ₩ Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 ☑NO Specify: Specify: Specify:						
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)  16b. KIND OF BUSINESS/INDUSTRY						
1 2	Elementary/Secondary (0-12) College (1-4 or 5+)  College (1-4 or 5+)  Laborer  Laborer  Laborer						
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Surneme)						
BE (	Astoy Doane Lottie Doans						
TO BE COM	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	3					
2	20a, METNOD OF DISPOSITION 20b.PLACE AND DATE OF DISPOSITION (Name of DATE 20c.LOCATION — City or Town, State						
200	1) Buriel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  Campilary, prematory or other plack)  Complete, prematory or other plack)  Complete, prematory or other plack)  Complete, prematory or other plack)  Complete, prematory or other plack)	/					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF/FACILITY	15					
	Holly E. Clare 30639 HAMPARIHUE 718853 MA	1/-					
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line.						
	IMMEDIATE CAUSE (Final						
	resulting in death) - Acute Myscardis Conforction Consti	Y					
-	OLO TO CONSEQUENCE OF):						
CERTIFICATION	Sequantisity list conditions, If any, leading to immadiate	-					
S S	cause, Enter UNDERLYING CAUSE (Disease or Injury						
F	that Initiated events resulting in death) LAST						
CE CE		-					
¥	PART II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 26b. WERE AUTOPSY PRICE ANILABLE PRICE TO	108					
EDICAL	1 YES 2 HO COMPLETION OF CAUS						
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN						
AN I	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)						
PHYSICIAN:	FXAMINED2  HOSPITAL: 1   OTHER: 1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Nome 9   Residence 6   Other (Specify)						
E	27. MANNER OF DEATN  280. DATE OF INJURY (Month. Dey, Year)  280. TIME OF INJURY AT WORK?  280. INJURY AT WORK?						
8	Acoldent Investigation " 1 YES 2 NO						
COMPLETED	3 Suicide 6 Could not be 4 Nomicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, streat, fectory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, streat, fectory, office City or Town, State)						
P.E.	29e. CERTIFIER  Contact annual CERTIFVING PNYSICIAN: To the best of my knowledge, death occurred at the tima, date end place, end due to the cause(s) end manner as stated.						
OM	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and manner as stated.						
w	296. SIGNATURE AND TITLE OF CONTURER 29d. DATE SIGNED (Month, Opp. Year)	$\dashv$					
8 0	Jan 14 8 teller 1 MU 10214 > 3-14-96						
1	SIL ANNE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TJEM 27) (Typo, Print)						
	JAMES A. STERLING 320 W Main St. Crisfield MD. 21871						
	MAR 15 1996 Julia Chamber Contain						

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

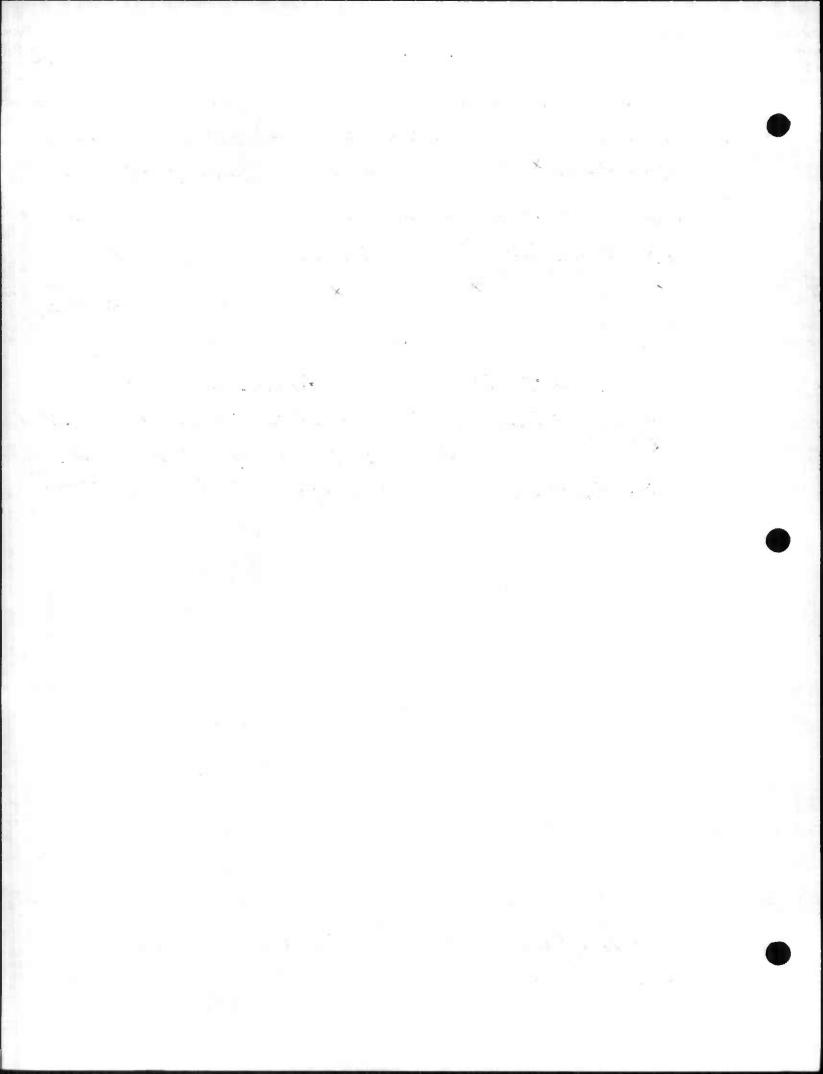
				ertificate of	Dealli	R	eg. No.	
Physici /Medic		Decedent'e Neme (First, Middle, Last)     JAMES     B	YARD DI	ISHAROON		2. Dete of Deel Month MARCH	13, 1996	3. Time of Deet
Examir		4e. Fecility Neme (If not institution, give street and number) 9624 W. THIRD STREET			4b. City, Town, or L	T Y	4c. County of Dea	TER
Funeral Director		5. Social Security Number  215-03-4830  G. Sex  1 KM 2 D F  7. Ag  Usual Residence of Decedent	ge (In yrs. last birthde 83 Yrs.	Months Days	H Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey,	12 MI	rthplace (State or Fore country)
Sa-f show	ector	MD. 10b. County WORCESTER	10c. City, Town or OCEAN (	CITY				10d. Inside City Lim
ath with ti	Funeral Director	9624 W. THIRD STREET		10f. Zip Code 21842			0g. Citizen of Whet C	ountry?
s 1 and 2 should be filed within 72 hours after death with the Manyland if Health and Mental Hygiene. If health and Mental Hygiene. Item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examines must be notified at	To Be Completed by Fune	11. Maritel Stetus  1 □ Never Merried 2 □ Married  3 ◯ Widowed 4 □ Divorced  12. Wes Decedent Armed Forces?  1 □ Yes 2 Ⅲ Yes, Give Yeer or Detes:	Ever In U,S. 1	<ul><li>13. Wes Decedent of I If Yes, specify Cub</li><li>1 ☐ Yes 2 I No</li></ul>	Ilspenic Origin? (Spen, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	14. Reca - Am Bleck, Whi	
"natur		15. Decedent's Education (Specify only highest grade completed)	(Gi	cedent's Usuel Occupive kind of work done b. DO NOT use retire	duning most of work	ing	16b. Kind of Business	s/Industry
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ould be filed with Mental Hygiene. arked other than atic event, the		17. Fether's Neme (First, Middle, Last) FINNIE DISHAROON			18. Mother's Nem	e (First, Middle, I		
2 should and Men Is marked	F	19e. Informent's Neme/Relationship (Type, Print)	19b. Me	elling Address (Street				Zip Code)
00-2		BLANCHE JACKSON DAUGH  20e. Method of Disposition  1 Sturiel 2 Cremetion 3 Removel from State	20b. Plece of Dis	WARK, MD. sposition (Neme of cremetory or other ple			20c. Location - City or	r Town, Stete
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	Physician	Pert II. Other algorificant conditions contributing to deeth b	ut not resulting in the					
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State of Maryland / Department of Health and Mental Hygiene 96 09073

				Certifica	ate of Death	R	eg. No.	03013
Dh		1. Decedent's Name (First, Middle, Last				2. Dete of Deet Month	h	3. Time of Death
Physic /Med		LO E AN T	. DEALE			03		86 12:40
Exami		4a. Facility Name (If not institution, give				or Location of Death	4c. County of	
		MULLIFALITY OF A	ud Ly LARIS	HEDICAL SU	STEH BAR	TIMOLE		MAKYLARES
Funeral Director		5. Social Security Number 6. Se 2/9-45-3365 19 Usuei Residence of Decedent	X 7. Age (In y	rs. last birthday) If Uni Yrs. Month	der 1 Yeer If Under 24 Has Days Hours N	Ars. 8. Dete of Birth	5,1996	Birthplece (State or Foreig Country)  Marylan
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	by Funeral	11. Meritel Status  12 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in Armed Forces? 1  Yes 2 No If Yes, Give Yeer or Dates:		cedent of Hispanic Orlgin? pecify Cuben, Mexican, Pu No Specify:	(Specify Yes or No- lerto Rican, etc.)		American Indian, White, etc.
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permit. Pages 1. Department of He Important: if Ner any injury or oth		21. Signeture supureral Service Licans  23a. Paltal Enter the disease, or completed to the complete service of the complete services.	Unce	22. Neme	and Address of Facility  Showle and of dying, such as care	34	Easter Easter	Home, Md, Approximate interval Between
Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a. AMOXIC	ENCE MALL				Onset and Death
D #	ner			_	*	PHAROME		
rificate be executed ng physician end as the buriel-transit	I Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	0.	(or as a consequenca o		- Valie V		1
Die Die	/Medical	that initiated events resulting in deeth) Lest	Due to	(or as a consequenca o	of):			
deeth cert e attending ed for use	clar							
d by the	/ Physician/	Pert il. Other significant conditions con	ntributing to death but not r	esulting in the underlyin	g cause given in Part I.			ibuts to the cause of deati
v requir	Completed by					24a. Was a perform		24b. Were autopsy findings available prior to completion of cause of death?
The lay	E O					1/4/	s 208No	1 Yes 200 No
vicien: The certificate rector, peg	Be C	25. Was case referred to medical			28 Piace of I	Death (Check only on	1.	7
Physician: The introduction of the director, pege	To B	examiner? 1 ☐ Yes 2 D No	Hospitai:	☐ ER/Outpatienf 3☐	Other	g Home 5 Reside		(Specify)
Attending Physic death.		27. Manner of Death 1 ☑ Natural 5 ☐ Pending 2 ☐ Accident Investigation	28a. Date of Injury (Month, Day Year)		28c. Injury af Work?	-	w injury occurred	
To the Hospital or Attending Ph within 24 hours elter death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At building, etc. (Spe.	home, farm, street, fact cify)	tory, office	28f. Location (St City or Town	reet end Number , State)	or Rurel Route Number,
To the Hospital within 24 hours To the Funeral completely filled	edical (	29a. Certifier  (Check only 2 Medical Exami	sician: To the best of my kener: On the basis of exami	nowledge, death occurre	ed et fhe fime, date and pla	ace, and due to the co	use(s) and mann	er as stated.
the H the F the F		one)	end manner stated.					
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			ompleted cause of death (It	em 23a) (Type, Print)	outh Chee	ME	BACT. MO	96 LE US 2130
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	REGISTRAR  CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH MONTH DAY YEAR												
		EDITH FRANCES DE	LANEY					11, 1996	2:18 P				
		SOCIAL SECURITY NUMBER	1 □ M 2 💢 F 7	73 YRS.	MONTHS DAYS	HOURS MIN.		. Yoar) .2, 1922	BIRTHPLACE (State or Foreign Country) MARYLAND				
B.		e. FACILITY NAME (If not institution, give SACRED HEART HOS			CUMBER	OR LOCATION OF D	EATH	ALLEG	Y OF DEATH				
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-	-	JOHN M. DELANEY			7 W. MAIN ST., FROSTBURG, MD 21532  DATE OF DISPOSITION / Name of OATE 20c. LOCATION — City or Town, State								
	1	Burlet 2 Cremetion 3 Removel from State    Commetter											
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BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-trans.

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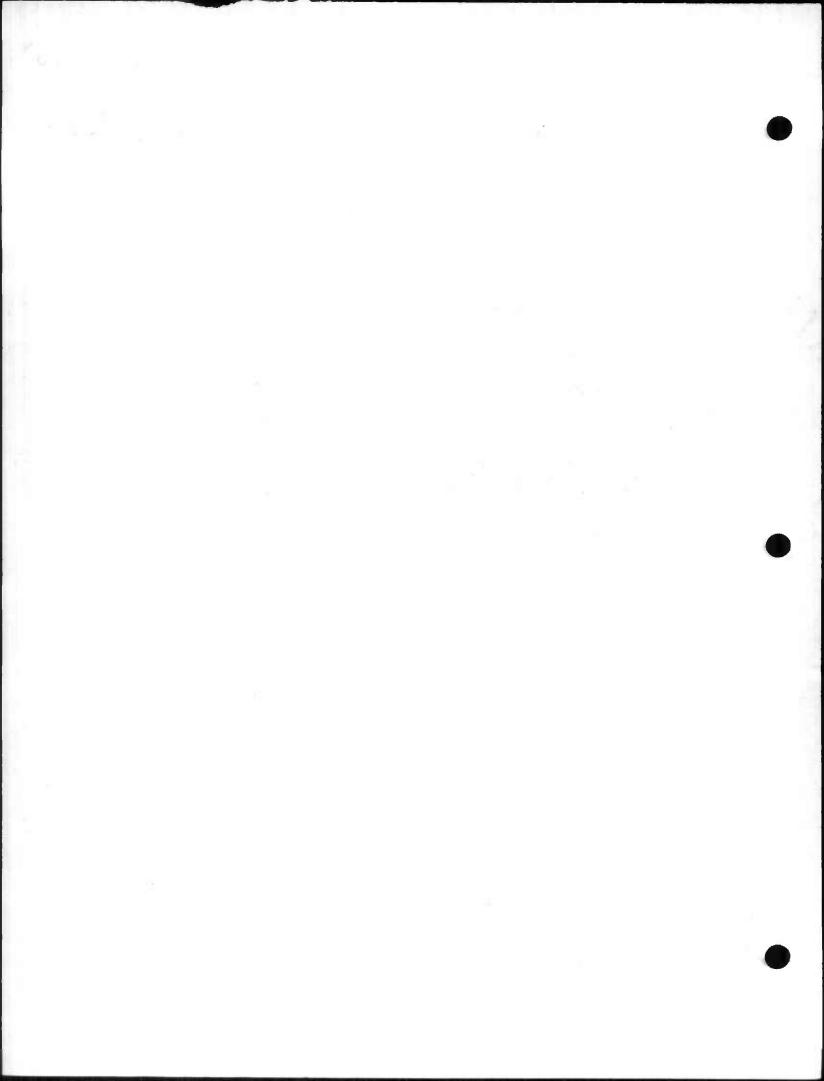
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MES P. DICKEL  METHOD OF DISPOSITION  Burlel 2 Cremetion 3 Ren		19		EVA HOUSEL								
METHOD OF DISPOSITION Surlei 2 Cremetion 3 Ren		19s. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co										
Burlel 2 Cremetion 3 Ren	JAMES P. DICKEL P. O. BOX 378, MT. SAVAGE, MD 21545  20s. METHOD OF DISPOSITION 1 Secretary or other place)  20b. PLACEAND DATE of DISPOSITION (Name of cemetery, cremetory or other place)											
shock, or heart failure.  EDIATE CAUSE (Final asse or condition iting in death)  Justify I and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	b. DUE TO (d	OR AS A CONSE	EQUENCE OF):	t entar tha	TART	FAIL  O Part I. 24a, WAS	applied only arrest	Approximinterval Bionset and				
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO												
XAMINER?	HOSPITAL:	ED/Outration	26, PLACE OF DEATH (Check only one)  QT NER:									
Netural 5 Pending	28e. DATE OF I	NJURY	28b. TIME	OF 28c.	INJURY AT WORK?		W INJURY OCCUP	RED				
Suicide 6 Could not be	28s, PLACE OF building, e						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
Check only 1 CERTIFYING PHYS	ER: On the limits of exa				, death occured at the	e time, data and place	, and due to the c					
M CON DEPLOY W	HO COMPLETEO CAUSI				D24	951	≥ MA	IGNED (Month, Day, Year)				
	Shock, or heart failure.  EDIATE CAUSE (Final asse or condition witing in death)  Lentally list conditions, by, leading to immediate the Enter UNDERLYING SE (Disease or injury initiated events itting in death) LAST  T. II. Other algnificant conditions as Case Referred to Medical Candidate and Accident investigation with successions and Accident investigation accident investigation of the determined conditions are considered as Could not be determined.  Settifier 1 Certifying Physical Certifier and Accident investigation of Certifier and Accident investigation of Certifier and Check only 2 Medical Examinations.	Shock, or heart failure. 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PLACE OF DEATH (Check only one)  ANNER OF DEATH  Natural 5   Pending Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Sheard of Investigation   Shear	EDIATE CAUSE (Final asse or condition titing in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  T II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  AS CASE REFERRED TO MEDICAL  XAMINER?  YES 2 NO  ANNER OF DEATH  Natural 5 Pending investigation  Accident  Accident  25b. DATE OF INJURY  (Morrin, Dey, Year)  26b. TIME OF  INJURY  27c. 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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN
	JOHN	DAVID I	DEIHL				NY YEAR	5:30 A M
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	217-10-7422 1  9e. FACILITY NAME (If not institution, give stree		9 YRS.		R LOCATION OF DE	Oct. 23,	1916 Ma	ryland
DIRECTOR	Sacred Heart Hospi	ital		Cumbe:			Alleg	
EG	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY
		egany		Cumber	rland			1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE			WHAT COUNTRY?
NEI	410 Furnace St.	A MAC DECEDENT EVER AV			21502		USA	
BY FU	1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN FORCES? 1 [X] YES IF YES, GIVE WAR OR DAT VW II Korean	TES	1 YES	ecity Cuben, Mexicer 2 NO Specify	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No— 14, RA/ Bla Spe	CE — American Indien, ck, White, etc. octly: White
	15. DECEDENT'S EDUCAT (Specify only highest grade coi	TION	16a. DECEDENT'S U		IN all of working	16b. KIND OF BU	SINESS/INDUSTRY	
COMPLETED		College (1-4 or 5+)	life. Do NOT use	rotirod.) Manager	or working	Donar	tment St	oro
N C	17. FATHER'S NAME (First, Middle, Last)		bares i	Manager	18 MOTNER'S NAI	ME (First, Middle, Meiden		ore
Ö	OLIVER W. Deihl				Anna M		rville)	1
BE (	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street e	nd Number or Rural F	loute Number, City or Tow	n, State, Zip Code)	
5	Thelma C. Deihl		410 Fu	rnace S	t., Cumbe	erland, MD	21502	
	20a. METNOD OF DISPOSITION 1 X Burlet 2 Cremetton 3 Remove	of from State come	PLACE AND DATE OF	ar nlacel			CATION — City or	
	4 Donetton 5 Other (Specify)	$a \rightarrow 1$	ion Memo	rial Pa	rk 3/21,	/96   Cum	berland,	MD
	· W Olians	drull)	\	309-3	11 Decati	Kight ur St., Cu	Funeral mberland	Home 1, MD 21502
Z	23. PART 1. Enter the disease, or con shock, or heert failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	ch line.	4EART	FAIL	URE	iratory arreat,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	ADRTT	CONSEQUENCE OF:			SUFFIC LE	ency	10 YK
MEDICAL	PART II. Other algnificent conditions of ATMIAL FIBRILLAY DIASTRES MOLLITUS DID TOBACCO USE CONTRI	JENIEN PR	BNAKY A	YPERTO	eau D	PERFO	RMED?	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IAN	25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF DEATH	-	, OTTCERTAIN			
SIC		HOSPITAL:	itlent 3 DOA	OTHER:	e 5 🗆 Reeldence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		URY AT	28d. DESCRIBE NOW	INJURY OCCURED	
B≺	Natural 5 Pending 2 Accident Investigation				rES 2 NO			
TED	3 Suicide 8 Could not be determined	28e, PLACE OF INJURY building, etc. (Speci	— At home, term, str fy)	reat, factory, offic	•	28f. LOCATION (Street City or Town, State	end Number or Rura )	Il Route Number,
COMPLETED	000)	AN: To the best of my knowle						e(e) end menner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIER		-		29c. LICENSE NUM	ABER	29d. DATE SIGN	ED (Month, Day, Year)
O BE	Many	BOULOW	2		007135		MARC	H /8 1996
5	V. EUGINE MAZZ	COMPLETED CAUSE OF DEA	eton Dri	ve a	mberla	nd. MD		
	MAR 1 9 1996	32 REGISTOAR'S SIGNA	TURB					



### Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1996

6:55 AM

Birthpiace (State or Foreign Country)

**BLACK** 

16b. Kind of Business/Industry

3/7/96

10d. Insida City Limits

1 ☐ Yes 2 X No

1. Decedant's Nama (First, Middla, Last) 2. Date of Death Month **Physician** GEORGE ELLIS MARCH 07 /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PRINCE GEORGES FORT WASHINGTON AMBULATORY CENTER **FORT** WASHINGTON If Under 1 Year If Under 24 Hrs Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Funeral Months Days 1 XM 2 F Yrs. Director JUNE 05, 1953 MISSISSIPPI 578 78 8602 with the Meryland 10a State 10b. Count 10c. City, Town or Location 7 la marked other than "natural", or frams 23a or 28a-f sho traumatic event, the Medical Examiner must be notified at MD. PRINCE GEORGES OXON HILL Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 725 SHELBY DRIVE 20745 U.S.A. death Funerai 12. Was Decedant Evar In U.S. Armed Forcas? 14. Race - American Indian, Black, White, etc. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) Peges 1 and 2 should be filed within 72 hours effer is not of Health and Mental Hygiene.
nt: if Itam 27 is marked other than "natural", or its 1 ☐ Yes 2 ☐ No If Yes, Give Year or Datas: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify. ò 3 ☐ Widowed 4 ☐ Divorced Completed

College (1-4or 5+)

Eiementary/Secondary (0-12)

2

Examiner

Physician/Medicai

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Completed

Be

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Certification:

other

permit. Peges
Depertment of
Important: If It
any Injury or once.

**Physician** 

/Medical

Examiner

physician and s the burial-trans

68 for use es

signed by the e

Deen

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of or Attending after death.

24 hours

To the Within 2 To the

funeral director,

à

certificate be exec

Division of Vital Records, P.O. Box 68760,

15. Decedent's Education (Specify only highest grade completed)

16a. Decedent's Usuai Occupation (Giva kind of work dona during most of working life. DO NOT use retired)

LITH. UNEMPLOYED N/A 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname)

**FLLIS** CHARLIE LANE LORETTA 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

ANNIE MITCHELL/AUNT 1340 S STREET, N.W., WASHINGTON, D.C. 20009 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Ramoval from State 4 □ Donation 5 □ Other (Specify) DELTA MEMORIAL GARDENS 3/16/96 GREENVILLE, MISSISSIPPI

21. Signature of Puneral Service Licensee 22. Name and Address of Facility DUDLEY FUNERAL HOME

3200 RHODE ISLAND AVE., MT.RAINIER, MD. 20712 Approximate Interval Between Onset and Death

23a. Part1. Enter the diseasa, or complications that caused the death. In not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Ceuse (Final disease or condition rasuiting in death) PNEUMONIA

Due to (or as a consequence of):

CHF Due to (or as e consequence of):

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last MORBID OBESITY

Due to (or as a consequence of)

HIV

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were sutopsy findings available prior to completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No

25. Was case referred to medical examiner? 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA

28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 1 Yes 2 No

2 Accident 6 Could not be 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piace, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the fime, date and piace, and due to the cause(s) and menner stated. 29a, Certifier

Medicai 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year)

ted cause of death (Item 23a) (Type, Print)
BEOGU 4467 OLD BRANCH AVE.,#105,TEMPLE HILLS,MD. 30. Name and address of person v 20748

D 37066

**OPAIGBEOGU** OCHECHI

Registrar



State of the state of

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other travmatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE (	F MARYLAND	/ DEPART	MENT OF	HEALTH AND I	MENTAL HYGIEN				
	1. OECEOENT'S NAME (First, Middle, Lest)	-				2. DATE OF OEATH		3. TIME OF DEATH		
	Constance Lorraine	Estry				March 5	1996 YEAR	60- M		
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRT	THPLACE (State or Foreign		
	218 56 8737 1 M 2 5	<b>₹</b> 45	YRS.	ONTHS DAYS	HOURS MIN.	(Morith, Day, Year) Aug. 7, 1	.950 Mai	ryland		
_	9e. FACILITY NAME (If not inatitution, give atreet and number	Nr)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF			
DIRECTOR	10503 Taryn Court			Mitch	ellville		Prince	George's		
E I	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY		
	Maryland Prince Geor	ge's	Mit	chellv:				LIMITS? 1-YES 2 NO		
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N N	10503 Taryn Court	EDENT EVER IN U.S.	ARMED	1 40 400 05	20721			ed States		
BY FL	1 Never Married 2 X Married FORCES	1 YES 2	NO	If yes, s		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Ble	CE — American Indian, ck, White, etc. icity: White		
COMPLETED	15. OECEDENT'S EOUCATION (Specify only highest grade completed)	16a.	DECEDENT'S U	SUAL OCCUPATI	ON	16b. KIND OF BUS	BINESS/INDUSTRY	WILLEE		
	Elementary/Secondary (0-12) College (1-4	or 5+)	life. Do NOT use	rk done during m retired.)	ost of working					
MP	4	Re	egister	ed Nur	se	Medi	ica1			
00	17. FATHER'S NAME (First, Middle, Last)				PORTOR TAXABLE	ME (First, Middle, Maiden	Sumame)			
BE	Charles Speorl					an Brown				
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				
	George T. Estry	201.011		Taryn		<u>Mitchellvi</u>		20721		
	1 Burial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	cemetery,	crematory or other	er pleca)	ame or	6/96 A1	CATION — City or 1	Town, State		
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME A	ND ADDRESS OF FAC	CILITY				
	* Kolvert & & (1)	TIMA 1	1000			ns Funeral				
	23. PART I. Enter the diseases, or complication	thet caused the	death Do no	1 1 5 U U C	Annapol:	is Rd. Bow	ie Md. 2			
	immediate cause (Final	ceuse on each II	ne.		or dying, such	r au cardiac or respi	ratory arrest,	Approximate Interval Batwean Onset and Death		
	disease or condition resulting in death)  a. Multiple Aclerosic  DUE TO (OR AS A CONSEQUENCE OF):									
	DUE TO (OR AS A CONSEQUENCE OF):									
NO.	Sequentially list conditions,									
¥	if any, leading to immediate cause. Enter UNDERLYING									
띮	CAUSE (Disease or Injury that initiated events	E TO (OR AS A CONS	EQUENCE OF):							
CERTIFICATION	reaulting in death) LAST	d								
	PART II. Other significant conditions contributir	g to death but no	t meulting in	the underlyle	a causa aluan la l	Part I. 24s. WAS AN	ALTTONOV A			
CAL	Quadripligia	g 10 0000 DG( 110	t resulting at	the underlyn	g couse given in	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						1 YES 2	™ NO	OF OEATH?		
2	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF DE	ATH YES	ПИОБ	7 LINCERTAIN	īn		1 TES 2 NO		
Ž.	25. WAS CASE REFERRED TO MEDICAL	28. PL		(Check only one)	OTTOLKIA	10				
S	_ X	2 ER/Oulpatient	3 DOA	OTHER:	ne 5 Residence	6 Other (Specify)				
BY PHYSICIAN: MEDIC		E OF INJURY oth, Day, Year)	26b. TIME	RY W	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED			
COMPLETED B	3 Suicide 6 Could not be determined	261. LOCATION (Street a City or Town, State)	ind Number or Rural	Route Number,						
3	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the be	est of my knowledge.	death occurred	at the time, date	and place, and due	to the cause(s) and man	ner se stated			
8	one) 2X MEDICAL EXAMINER: On the business							(s) and manner as stated.		
	296. SIGNATURE AND TYTLE OF CENTRER				29s. LICENSE NUM		298 PATE SHONE	D (Month, Day, Year)		
TO BE	Hugusto & Kody	gue M	D		D21230	)	Mirch	511996		
F	ME NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF BEATH (T	TEM 27) (Type, P	ming	Service de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la company	Sychologic Helder at	Section 1	11/10		
	Augusto P. Rodriguea, W		Raybur	n Ct.,	Camp Spr	ings, MD 2	20748			
	MAR 13 1996	TRACT SIGN TURE	A.							

Marie State Contract

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6.C. 3-12-96 CR Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Day MARCH 6, 1996 9:04 PM **GEORGE EDWARDS** MICHAEL /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner TAKOMA PARK WASHINGTON ADVENTIST HOSPITAL MONTGOMERY If Under 1 Yaar If Under 24 Hrs.
Months Days Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 ₺M 2 □ F Yrs 577-11-7126 Director KINGSTON JAM 41 4-10-54 Usuat Residence of Decedant Peges 1 end 2 should be filed within 72 hours after death with the Maryland nent of Heatth and Mental Hygiene ... interns 23 sor 28=1 show ... if them 27 is marked other than "natural", or thems 23 sor 28=1 show 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at 1√ Yes 2 No Directo MD SILVER SPRING MONTGOMERY 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 14802 HAZELMOOR CT. 20906 Funeral JAMICA

14. Race - American Indian,
Black, White, etc. 12. Was Decedent Ever In U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yas 2 ☑ No If Yas, Give 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 Specify: JAMACIAN 1 Yes 2 No þ Specify: BLACK 3 Widowed 4 Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiena. Elamentary/Secondary (0-12) College (1-4or 5+) HOME IMPROVEMENT 9th DRY WALL 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surname) Be 2 PHILPOT EDWARDS KATHLEEN CLARK 19a. tnformant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) 14802 HAZELMOOR CT. SILVER SPRING, MD 20906 MARIA A EDWARDS other 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State Department of Important: If it any injury or o 1 Surial 2 Cremation 3 Ramoval from State FAMILY CEMETERY 3/22/ 4 Donetion 5 Dother (Specify) ST.JAMES JAMACIA 21. Signatura of Funeral Service Licensee 22. Nama and Address of Facility THE HOUSE OF WILLIAMS 3821 14th ST.N.W. WASHINGTON, D.C. 20011 lums of 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ock, or heart failure. List only one cause on each lina. Approximate Intarval Between Onset and Death **Physician** /Medical tmmediata Causa (Final 030/200 eases 2000 diseasa or conditior rasulting in death) **Examiner** Due to (or as a consequence of); Examiner The law requires that the death certificate be asscuted Sequantially list conditions, if any, laading to immediate cause. Enter Undarlying Causa (Disaasa or Injury that initiated events rasulting in death) Last the burial-tran Bnd Due to (or as a consequence of): Box 68760, physician Physician/Medical Due to (or as a consequence of) 98 the attending 950 ò P.0. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dld tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown Division of Vital Records. þ 24b. Wera autopsy findings availabla prior to completion of causa of death? 24a. Was an autopsy performed? Completed peen has 2000 1 Yes 1 Yes 2 No certificate Attending Physician: director. 25. Was casa referred to medical examiner? Be 26. Place of Daath (Check only one) Hospital: Othar: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To Yas 2□ No 1 Inpatient 2 FR/Outpatlent 3 DOA this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Pending Investigation Natural 1 ☐ Yes 2 ☐ No death. e Hospital or Attendi n 24 hours after death e Funeral Director: A 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 6 Could not be 28e. Place of Injury - At home, farm, street, factory, offica building, atc. (Specify) à 4 Homicide 29a. Cartifiar edical Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated. pletaly 2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. (Check only one)

To the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to the P to

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State 31. Date filed (Month, Day, Year)
Registrar

29b. Signatura and titla of certifier

Nu



30. Name and address of parson who complated causa of death (Itam 23a) (Typa, Print)

29c. Licansa number

8718 W15cen

29d. Date signed (Month, Day, Year)

Cherder

DUE

8-96

ans

March

BALTIMORE, MARYLAND 21215-0020

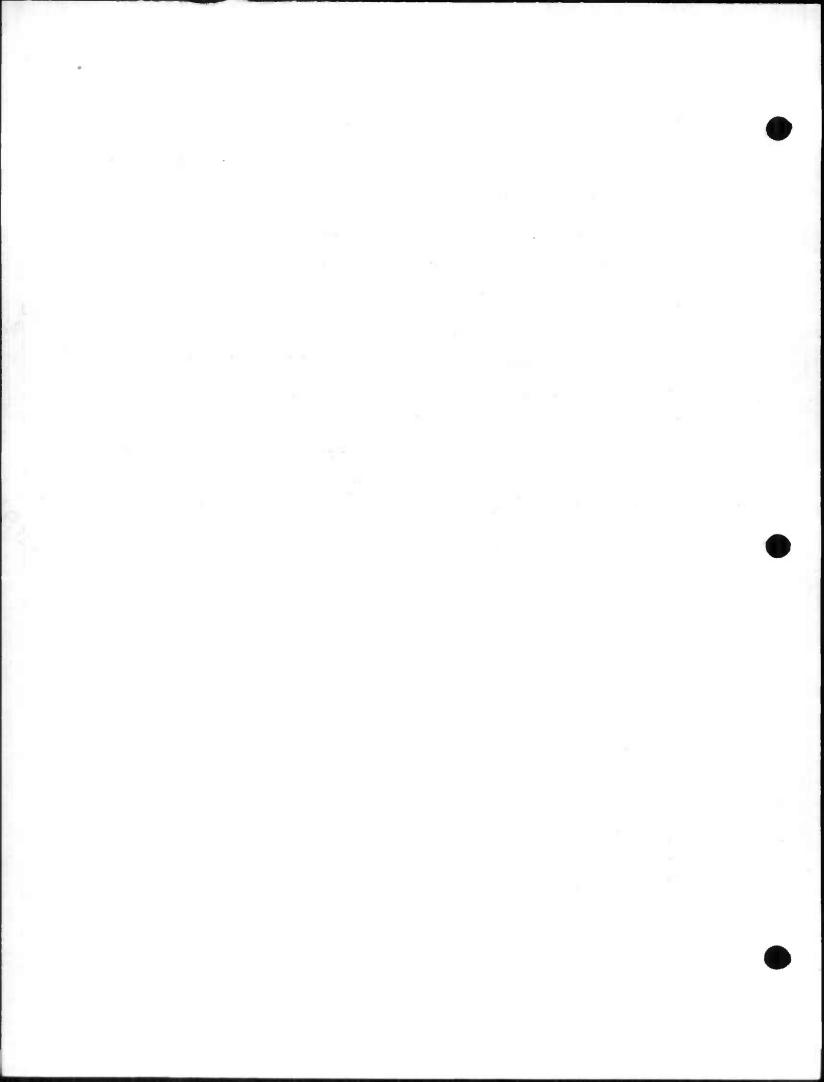
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF N	ARYLAND /		RTMENT (					SIENE . NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		-						2. DATE OF DEA	TH		3.	TIME OF DEATH
	George	Finley		Eva	ns, J	r.			March :	1.6		EAR	4:00 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER t		UNDER 24		7. DATE OF BIRT (Month, Day, Ye	Н	8.	BIRTHPL.	ACE (State or Foreign
	578-36-5458	1 🔀 M 2 🗆 F	68	YRS.	MONTHS	DAY8 HC	URS	MIN.	Aug 26,			Ohio	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	OWN OR L	DCATION	OF DE	ATH		9c. COUNTY	OF DEAT	гн
OR	St. Mary's Nursi	ing Center	2		Leon	nardt	own				St.	Mary	/¹s
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y		10c, CIT	Y, TOWN OR	LOCATION					-	10	d. INSIDE CITY
8	Maryland St.	Mary's		V	alley	T.ee							LIMITS?  YES 2 NO
	10e. STREET AND NUMBER	TALLY D			ulley	7	CODE				10g. CITIZEI		AT COUNTRY?
ER/	P.O. Box 97, 4	3865 Tar	vwvle I	ane		20	692				t	J.S.A	A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED					IC ORIGIN? (Spec		r No — 14	RACE -	American Indian, Vhite, etc.
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 1	NO		yes, specify ☐ YES 2 ≸			i, Puerto Rican, a :	tc.)		Specify:	vnite, atc.
	A	<u> </u>							1			Whit	e
COMPLETED	15. OECEDENT'S EDU (Specify only highest grad	e completed)	(G	ive kind of	USUAL OCC work done dui se retired.)		working		16b. KIND (	OF BUSIN	NESS/INDUS	TRY	
2	Elementery/Secondary (0-12)	College (1-4 or 5 d	•)			En ari v			Pipe	TO A A	ton I	T	
OM	17. FATHER'S NAME (First, Middle, Last)	1 year		ectr	TCa1	_			ME (First, Middle, A			MITON	1
	George Fi	nlev	Fyan	s 9	r.				Ell			lorkn	nan
) BE	19a, INFORMANT'S NAME (Type/Print)	THE Y	19	b. MAILING	ADDRESS (	Street and f	lumber or	Rural R	loute Number, City	or Town,	State, Zip Co	ode)	(611)
2	Judy E. Ross		5	25 J	asont	own F	Road	, We	estminis	ster	, MD	211	.58
	20s. METHOD OF DISPOSITION 1 Durial 2 Committee 3 Ren	noval from State			OF DISPOSIT				OATE 2				
	4 Donetion 6 Other (Specify)		Metro	∞lii					3/18/96	Alex	xandr.	ia,V	irginia
	21, SIGNATURE OF FUNERAL SERVICE L	ICENSEE	0			T T DO			diner F	i inoi	ral U	omo	D A
	1 Uchaels	Koklas	dener										nd 20650
	23. PART I. Enter the diseases, or	complications the	1 caused the de	ath. Do	not enter ti	he mode	of dyln	g, such	as cardiac or	reapira	lory arrea	1,	Approximate
	ishock, or heart feliure. List only one ceuse on each line.  Interval Between Onset and Death disease or condition resulting in death)  a. Certain variable of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of												
3	disease or condition resulting in death)	an	1-	tec, d	ou	T		YRS					
		DUE TO	(OR AS A CONSE	OUENCE C	OF):								
ON	Sequentially list conditions,	b. Due to	(OR AS A CONSE	OHENCE C	MEN								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	502 10	(OII AS A CONSE	OOLIVOL C	,,,								İ
FE	CAUSE (Disease or Injury that initiated events	c. OUE TO	(OR AS A CONSE	OUENCE C	OF):								
F	resulting in death) LAST	d											
	PART ii. Other algnificent condition	one contributing to	deeth but not	resulting	in the und	erlying c	use ob	ven in	Part I 24a W	AS AN AI	UTOPSY	24h W	ERE AUTOPSY FINDINGS
MEDICAL						orry mag or	idoo gii		P	ERFORM	ED?	A	WAILABLE PRIOR TO OMPLETION OF CAUSE
EDI									t 🗆 '	YES 2	NO	0	F DEATH?
	DID TOBACCO USE CON	TRIBLITE TO CA	USE OF DEA	TH Y	FS $\square$ N	οП	UNCE	RTAIN	<u>_</u>			'	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	THE TO CA			ATH (Check or		OTTEL	IXII/XII	· -			1	
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient :	B 🗆 DOA	OTHER:	na Home	□ Real	dence	6 Other (Speci	(fv)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, E		28b. Til		8c. INJURY	AT		28d. OESCRIBE	**	JURY OCCU	RED	
ВУ	1 Netural 5 Pending 2 Accident Investigation		ouy, roury		M	1 YES		NO	_	-			
	3 Suicide 6 Could not be	28e. PLACE C	OF INJURY — At he atc. (Specify)	ome, farm,	atreet, factor	y, office			28f. LOCATION (		d Number or	Rural Rou	ite Number,
ETE	4 Homicide determined				14								
COMPLETED		SICIAN: To the best of	my knowledge, d	eath occur	red at the tim	ne, date en	f place, s	and due	to the cause(e) e	nd menn	er en stated		
ON	one) 2 MEDICAL EXAMIN	IER: On the baels of a	xamination and/or	Investigat	lon, in my opi	inion, deati	occured	d at the	time, data and pl	ace, and	due to the	cause(s) e	nd manner es stated.
ш	29b. SIGNATURE AND TITLE OF	ER				25	c. LICEN	SE NUM	IBER				fonth, Day, Year)
TO B	my	J 40-	m)_				01	45	85		3	-/8	96
-	30. NAME AND ADDRESS OF PERSON W			M 27) (ñ/p						225			
	William D. Boyo				Leon	ardto	own,	Ma	ryland	206	50		
	31. DATE FILED (Month, Day, Year)	22. SEGISTR	STATE SIGNATURE	wolatt.									
	MAR 1 8 199	Chiles M	SOUTHER STORY OF A	St. Professor									



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Death 3. Tima of Death Day **Physician** Month Mae Garfield Eaton March 19, 1996 2205 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Carroll Carroll County General Hospital Westminster 8. Data of Birth (Month, Day, Year) May 18, 1 If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** Days Months 1 M 2 F 218-40-0278 Director 86 1909 Pennsylvania Usual Rasidance of Dacedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene.
ant: If item 27 is marked other than "natural", or items 23s or 28s-f show 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits treumetic event, the Medical Examiner must be notified at 1 ☐ Yas 2 ☐ No Directo Maryland Carroll Millers 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 5301 St. Pauls Road 21102 USA Funeral 12. Was Decedent Ever In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indien, Black, Whita, atc. 1 Yes 2 No If Yas, Giva Yaar or Datas: 1 □ Navar Marriad 2 □ Married 3altimore, Maryland 21215-0020 1□ Yas 2□ No ě Specify 3 □ Widowed 4 □ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) Coilega (1-4or 5+) 12 Housewife Own Home 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Malden Sumame) Be William Elmer Smith Sally Lindsay Kite 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 5301 St. Pauls Road, Millers, MD 21102 Frances G. Seitz other 20b. Pleca of Disposition (Nama of cematary, cramatory or other place) 20e. Mathod of Disposition Date 20c. Location - City or Town, State Department of Important: If its eny injury or o 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) 3/22 Lazarus Cemetery Lineboro, Maryland 21. Signeture of Funaral Sarvice Licansaa 22. Nama and Addrass of Facility Eline Funeral Home 934 S Main St, Hampstead, MD 21074 23a. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death Physiclan /Medical Immediata Causa (Final diseese or condition resulting in daath) SEPSIS DAY Examiner Dua to (or es e consequença of): Physician/Medical Examiner attending physician and for use as the bunal-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laeding to immadiata causa. Entar Undarlying Causa (Disaese or injury Due to (or as a consequence of): Box 68760, that initieted avants Due to (or as e consequence of): resulting In death) Last ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yss 2 No 3 Probably 4 Onknown FAILURE RESPIRATORY þ 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24a. Was an autopsy performed? OBSTRUCTIONS POLMONART DISTANS 2 2 No 1 Yes 1 Yas 2 No certificate or Attanding Physicien: 25. Was case refarred to medical axaminar? Be 28. Placa of Death (Check only ona) Hospitai: Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 10 1 Yas 2 No 124Inpatient 2 ER/Outpatient 3 DOA this rs efter death.
ral Director: After th 27. Mannar of Death 28a. Dete of Injury (Month, Day Year) 28d. Dascribe how Injury occurred Certification: 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28a. Placa of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida 24 hours 154-Certifying Physician: To the best of my knowledge, death occurred et tha tima, data and place, and due to the ceuse(s) and mannar as steted.

2 Medical Examiner: On tha basis of axaminetion and/or invastigation, in my opinion, death occurred et tha time, deta and placa, and dua to tha cause(s) and mannar stated. Medical 29e. Certifian (Check only one) within 2 29b. Signature and titla of certifiar 29c. Licansa number 29d. Deta signed (Month, Day, Year) 017040 96 30. Nama and addrass of person who completed causa of death (Item 23a) (Type, Print) LANHAM, MO 215 WASHINGTON HOTS WESTIMINSTER MO 21157 HOWARD G. 31. Data filed (Month, Day, Year) 32. Registrar's Signature State MAR 2

**DHMH 16 Rev 6/95** 

Registrar

1 1996

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Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death Month Day Yaar Fannie Byrd Ficklin March 11, 1996 10:05 am 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Bowie Health Center Rowie Prince George's If Under 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 1□M 2ØF Days Yrs. 86 June 3, 1909 Virginia 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Prince George's New Carrollton 10f. Zip Code 10g. Citizen of What Country? 5922 Mentana Street 20784 U.S.A. 12. Was Decedani Evar in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black White etc. 1 Yes 2X No If Yes, Give Year or Dates: 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yes 2 ☒ No Specify: 3 N Widowed 4 □ Divorced White 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/industry Elementary/Secondary (0-12) Collega (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Meiden Sumema) (First Name Unavailable) Settle (Unavailable) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) William Ficklin - Son 5922 Mentana Street, New Carrollton, MD 20784 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 3/14/1996 | Suitland, Maryland Cedar Hill Cemetery 22. Nama and Addrass of Facility
Francis Gasch's Sons Funeral Home, P.A. 21. Signatura of Funaral Service Licensee 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each line. 4739 Baltimore Avenue, Hyattsville, MD 20781 Approximate Interval Between Onset and Death FAILURE 30-days Dua to (or as a consequence of) Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 1 Yes 2 K No 1 Yas 2 No 25. Was case referred to medical examiner? 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 ER/Outpatient 3□ DOA 1 Inpatient 28a. Data of tnjury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Panding 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Placa of Injury - At homa, farm, street, factory, offica building, etc. (Spacify) Dertifying Physician: To tha best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(s) end manner as stated.

Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29d. Data signed (Month, Day, Year)

Division of Vital Records, P.O. Box 68760.

physician and s the burial-transit The law requires that the death certificate be executed attending pl s certificate has b director, page 2 s Hospital or Attending Physician: this funeral After after death. 24 hours a

**Physician** 

/Medical

Examiner

**Funeral** 

Director

rel', or items 23a or 28a-f show Examiner must be notified at

Director

Funerai

by

Completed The Medical

Be

death with the Maryland

should be filed within 72 hours after on Mental Hygiene.
marked other than "naturel", or iter

permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If them 27 is marked othe eny injury or other treumatic event, once.

Physician

/Medical Examiner

Examiner

Physician/Medical

Completed by

Be

Medicai

5. Social Security Number

10e. Streat and Number

20a. Method of Disposition

tmmediate Cause (Finel disease or condition resulting in death)

Sequantially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last

1 Yes 2 No

27. Manner of Death

1 Satural

**∠** Accident

4 Homicide

29b. Signature and title of cartifiar

3 ☐ Suicide

29a. Certifier (Check only one)

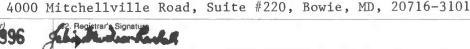
10e State

578-34-0720

Usual Residence of Decedent

pletely To the To the

Dr. J.S. Rao 31. Dete filed (Month, Dey, Year) MAR 1 4 1996 Registrar

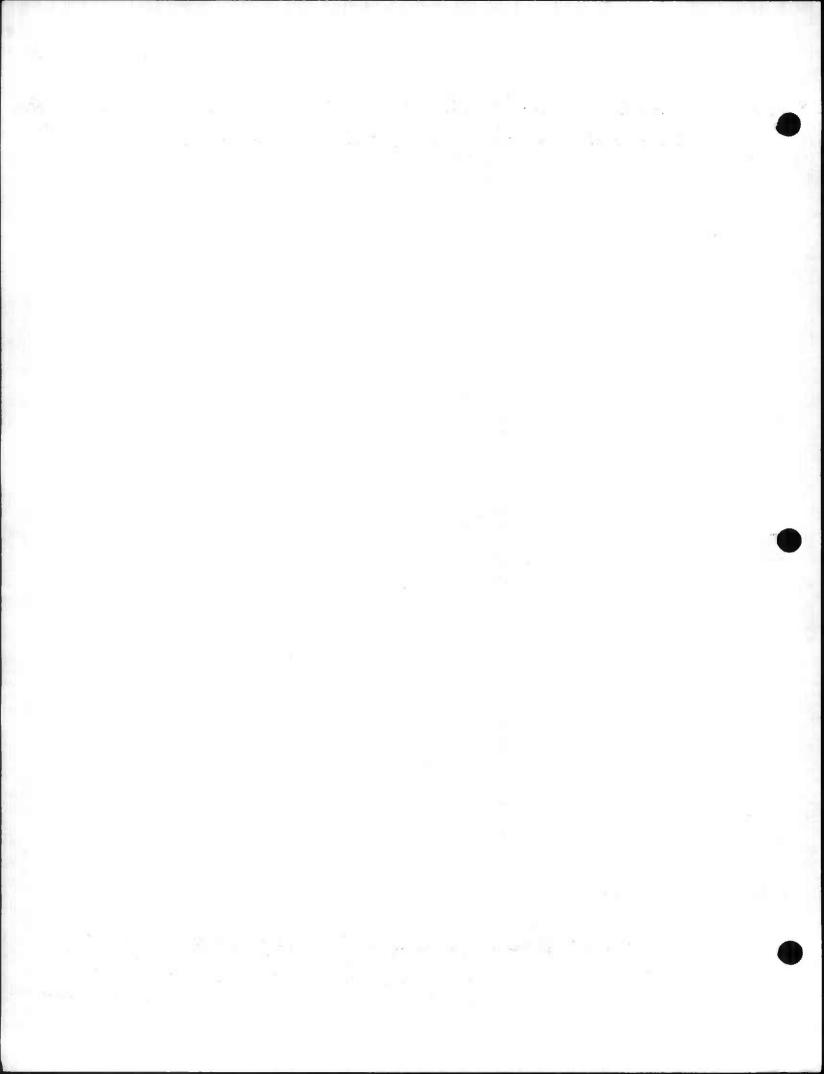


30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

- THE RESERVED IN

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 09083

			Cer	rtificate of	Death	R	eg. No.	
Physi /Med		1. Decedent's Name (First, Middle, Last)  Valle (48+40ud)	e F	ritz		2. Data of Deat Month	h	eer 76 500 Am
Exam		4a. Facility Nama (If not institution, give street and number)	14051	sital		r uns t		Carroll
Funera Directo		5. Social Security Number  215-14-1927  Usual Residence of Decedant	s. last birthday) 81 <sup>Y,rs.</sup>	If Under 1 Yaar Months Days	if Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, Nov. 2	Year) 23 1914	9. Birthplaca (Stata or Foreign Country) Maryland
Maryland a-f show	ctor		New W	cation				10d. inside City Limits 1 ☑ Yas 2 ☐ No
th with the 23a or 28	Funeral Director	10e. Street and Number 227 Main Street		10f. Zip Coda 2	1776	1	Og. Citizen of Wh United	
15-0020 172 hours after death with the Maryland "natural", or items 23s or 28s-f show ofical Examiner must be notified.	by	11. Maritel Stetus  1 □ Nevar Married 2 □ Married  3 ☒ Widowed 4 □ Divorced  12. Was Decedant Ever in Armed Forces?  1 □ Yas 2 ☒ No If Yes, Give Yaar or Dates:	1	Was Decedent of H If Yas, specify Cubs 1 ☐ Yes 2 ☑ No	lispanic Orlgin? (Spe an, Maxican, Puarto Specify:	ecify Yes or No- Rican, etc.)		American indian, White, etc. White
within 72 ane. then "ned	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  Collega (1-4or 5+)	(Give	dent's Usuai Occup kind of work done DO NOT use retired Nemaker	ation during most of works d)	ing	Own Ho	
and be file d other	To Be C	17. Father's Name (First, Middle, Last)  Caleb Newton Wolfe			18. Mother's Name	e (First, Middle, F annie Wi		
E = OF		19a. Informant's Name/Relationship (Type, Print)  Elizabeth Fritz  20a. Method of Disposition 20b		18 AVAILABLE DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE LA SECTION DE	and Number or Rura ain Stree	t, New V	Vindsor,	
Baltimore, permit. Pages 1 a Department of Hes Important: If Item any Injury or othe		1 ⊠ Buriel 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify)	Beave	natory or other place	urch Ceme	8/96		ion Bridge, MD
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Physicial /Medica Examine	i r	23a. Part1. Enter the diseasa, or complications that caused he de shock, or heart failure. List only one cause on each line.  Immediate Cause (Finel diseasa or condition rasulting in death)  Due to		er the mode of dylr	/	ly Ca	rdie	Approximate interval Between Onset and Death
SOX 68/60, eath certificate be executed attending physician and for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events rasulting in death) Lest	for as a consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the cons		on ince	4		3 mos
che de c	Physician	Part ii. Other significant conditions contributing to death but not re	23b. Did to	~/	ributs to the cause of death?			
HECOTOS, P. ne law requires that these been signed by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand of the stand by the stand by the stand of the stand by the stand of the stand by the stand by the stand of the stand by the stand by the stand of the stand by the stand by the stand by the stand by the stand by the stand by the stand by the stand by the stand by the stand by the stand by the stand by the stand by the stand by the stand by the	b		24a. Wes a	n autopsy	24b. Were autopsy findings available prior to			
= F # d	Completed					1 🗆 Ye	es 2 No	completion of cause of death?
Of Vital   Physician: The rthis certificate and director, page	o Be	25. Was case referred to medical examiner?  1 Yes 20 No Hospital: 1 Innatient 2		Oth	28. Place of Deetl			
	1-	1 Yes 2 Ho Hospital: Impatient 2  27. Menner of Deeth 1 Natural 5 Pending (Month, Day Year) 2 Accident investigation	28b. Time of injury	28c. Injur	4 LI Nursing no		ence 6 🗆 Other ow injury occurred	
LIVISION  all or Attending  s after death.  M Director: After  ed in by the fune	Certification:	3 ☐ Suicida 6 ☐ Could not be determined 28e. Placa of injury - At building, etc. (Special Could not be determined 28e. Placa of injury - At building, etc. (Special Could not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury - At building, etc. (Special Not be determined 28e. Placa of injury	home, farm, str	eet, factory, office		281. Location (Si City or Town		or Rural Routa Number,
DIVISION O  To the Hospital or Attending Ph within 24 hours efter death.  To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier (Check only one)  Certifying Physician: To the best of my king the control of the basis of examiner: On the basis of examiner and manner stated.	nowledge, death netion and/or inv	vestigation, in my o	pinion, death occurr	ed at the time, d	ete and placa, an	d due to the cause(s)
To T To 1	2	29b. Signature and title of certifier	(sur	29c. Licens	Mb#D	446/	9d. Dete signed	(Moryth, Day, Year)
	toto	30. Name and address of person who completed cause of death (It  Solun Andreu  31. Date filed (Month, Day, Year)  32. Registrar's Sig	) St	Print) -e.e.rs	MD	295	Stone	r AVE.
Regis	tate trar	MAR 1 8 1996	borbards	U,				



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C.W. FEDDE, M.D.

MAR 1 5 1996

31, DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

311 N. FOURTH STREET

32. REGISTRAR'S SIGNATURE

Burden Rodal

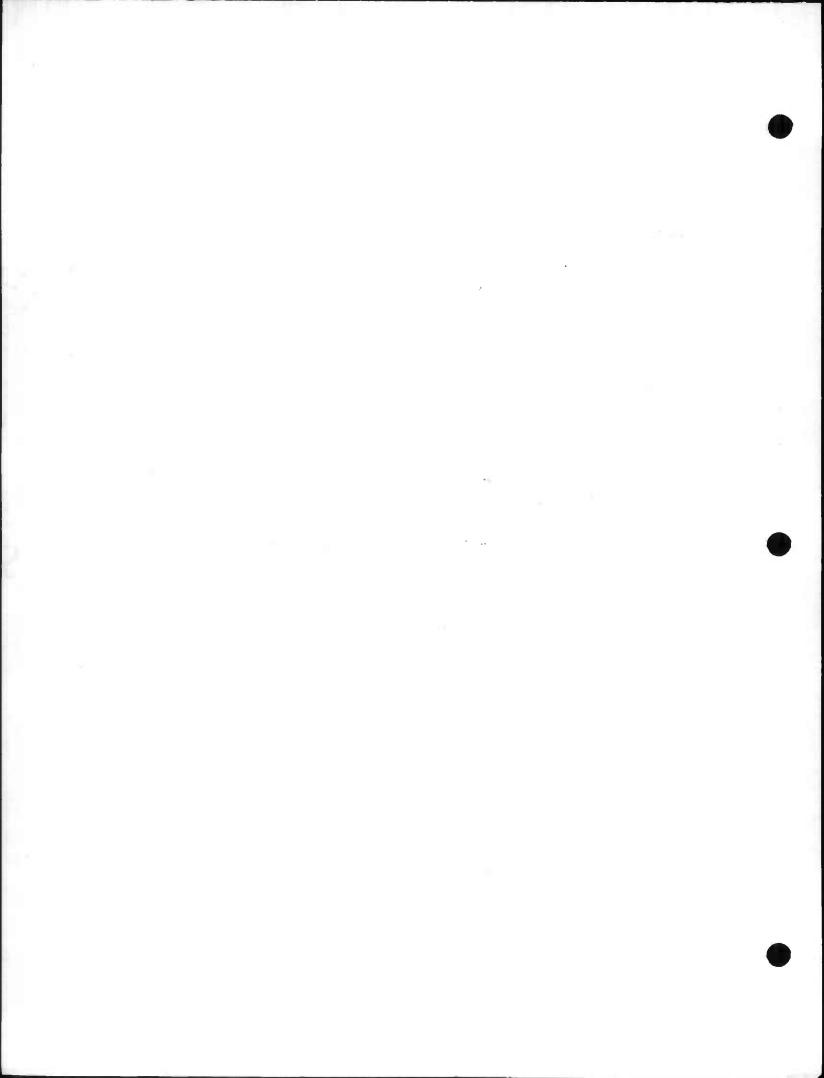
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho end in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN YEAR BOBBY GENE FLINN MARCH 12, 12:25 Рм 1996 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birtnday) 7. DATE OF BIRTH (Month, Day, Year) FEB. 19, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 🕅 M 2 🗌 F 236-50-0525 61 1935 WV 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GARRETT COUNTY MEMORIAL HOSPITAL OAKLAND GARRETT RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY MARYLAND **GARRETT** OAKLAND 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 220 N. 11TH STREET 21550 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuben, Mexican, Puerto Ricen, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 14. RACE — American Indian, 1 Never Merried 2 🔀 Merried IF YES, GIVE WAR OR DATES Specify: WHITE B 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) MERCHANT COMPL CLOTHING 17. FATHER'S NAME (First, Middle Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) JAMES OLIN FLINN MARIE BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARIANNE FLINN 220 N. 11TH STREET OAKLAND. MD 21550 20a METHOD OF DISPOSITION
1 N Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State GARRETT MEMORIAL GARDENS 3/15 OAKLAND, MARYLAND 4 Donetion 5 Other (Specify) 21. SIGNATURE OF TUNENAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. BOX 243 Koli DURST FUNERAL HOME - OAKLAND, MD 21550 M00167 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 23. PART I. Enter the diseas Interval Batween **Onset and Death IMMEDIATE CAUSE (Final** disesse or condition RUPTURED ABDOMINAL AORTIC ANEURYSM 8 HRS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ATHEROSCLEROSIS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 X NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO IN UNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 IN Inpatient 2 ER/Outpatient 3 DOA OTHER:
4 □ Nursing Home 5 □ Residence 5 □ Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK?

1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation BY 2 Accident 261. LOCATION (Street and Number or Rural Route Number City or Town, State) 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 6 Could not be determined 8 ET 29e. CERTIFIER 1 IX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner se efeted. COMPL 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end manner as steted. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D22336 ► MARCH 14, 1996

OAKLAND, MARYLAND 21550

DHMH-16 Rev 1/89



amend #2 Wash Co. Health 48 3-2096

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 Edda Marie Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Year 96 **EDDA** MARIE FLEISHER March /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Death **Examiner** WASHINGTON COUNTY HOSPITAL HAGERSTOWN SPITAL

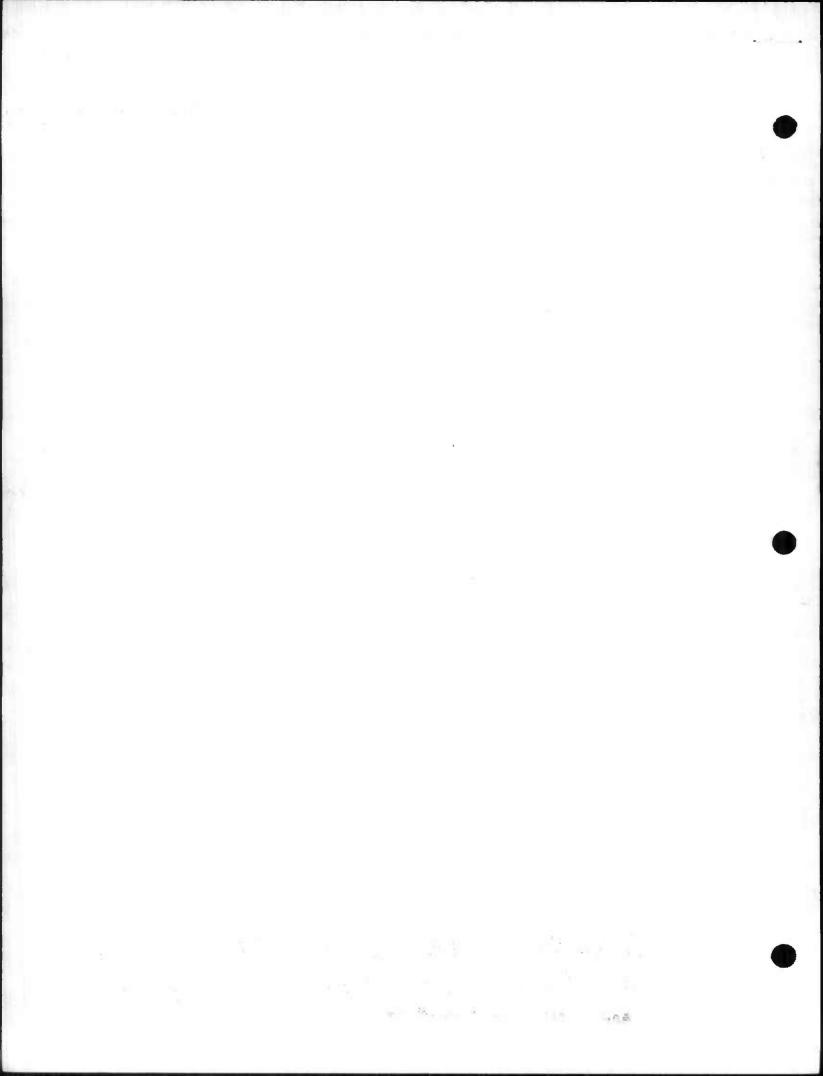
7. Age (In yrs. lest birthday)

Yrs. | It Under 1 Yeer | It Under 24 Hrs. | 8. Dete of Birth (Month, Day, JUNE 5, WASHINGTON 5. Social Security Number 9. Birthplace (State or Foreign **Funeral** 1□M 2√2 F WEST VIRGINIA 202-09-0419 Director Usual Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner must be nutflied at 1 Yes 2 □ No MARYLAND WASHINGTON Director **HAGERSTOWN** 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ 923 ARMSTRONG AVENUE 21740 Rems 23a U.S.A. Funeral 14. Rece - American Indien, Bleck, White, etc. 11. Maritei Stetus 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Peges 1 and 2 should be filed within 72 hours aftar of Department of Haelth and Mental Hygiene. Important: If Item 27 is marked other than "natural" any injury or other traumatic events. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Merried 1 Yes 2 No Specify: Specify: WHITE by 3 XWidowed 4 □ Divorced Completed 16e. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) 12 College (1-4or 5+) HOMEMAKER OWN HOME 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be **EDWARD** CHAFFIN MARGARET EDDIE GOFF 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) CHARLES E. LUMM 12922 CATHEDERAL AVE., HAGERSTOWN, MD. 21740 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Buriel 2 ☐ Cremetion 3 ☐ Removel from State ROSE HILL CEMETERY 03-21-96 HAGERSTOWN, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
ANDREW K. COFFMAN FUNERAL HOME, INC. ANTIETAM ST., HAGERSTOWN, MD. 21740 40 E. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Examiner arrunulote Physician/Medical Examiner pulmonary disea buriel-trensit be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest P.O. Box 68760, The lew requires that the death certificate 94 Due to (or es e consequence of): 98 USB Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the cause of death? Obstruction related 1 ☐ Yss 2 € No 3 Probably 4 Unknown Records, Completed by 24b. Were eutopsy findings eveileble prior to 24e. Wes an eutopsy Autemoscleratic Coronaux completion of ceuse of deeth? page 2 1 Yes 2 No cartificata Division of Vital Hospital or Attending Physician: 25. Wes cese referred to medical exeminer? Be 26. Plece of Death (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Umpatient Certification: To 1 Yes 2 No 2 ER/Outpatient 3 DOA filled in by the funeral 28e. Date of Injury (Month, Dey Year) 27. Menner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Affar 1 Matural 5 Pending investigation 1 Yes 2 No deeth. 2 Accident efter deeth 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, lectory, office building, etc. (Specify) 4 Homicide within 24 hours e To the Funeral C completely filled 29e. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) and manner as stated.

2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the ceuse(s) end manner steted. Medical To the 29b. Signeture and title of certified 29c. License number 29d. Date signed (Mgnth, Dey, Yeer) cause of deeth (Item 23e) (Type, Print) Olomac 31. Date filed (Month, Dey, Year) State

Registrar

MAR 2 01996



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR 4/5/96 reb ST 1 - STATE REGISTRAR Item: 17 per I	TATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND I	MENTAL	HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE (	OF DEATH	v ve	3. TIME OF DEATH		
	JANE LOLA	GRIFFIN					CH 9.	1996	6:55pm.	М	
	4. SOCIAL SECURITY NUMBER 5. SE	,,,	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH Day, Year)	8.1	BIRTNPLACE (State or Foreign Country)		
			7 YRS.	WONTHS DATS	HOURS MIN.		BER 4		INDIANA		
~	9a. FACILITY NAME (If not institution, give atreet an		-11		OF A DOOR			9c. COUNTY	OF DEATH	20	
DIRECTOR	DOCTORS COMMUNI	TY HUSPI	IAL	LANHAM*	SEABROOK			PKINC	E GEURGE'S C	.0.	
EC	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	ION				10d, INSIDE CITY		
E	MARYLAND PRINCE G	EORGE'S CO		BOWIE					LIMITS?		
AL	10e. STREET AND NUMBER	DOTTOL O		10	. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	15110 NARROWS LANE				20716			U.	S.A.		
2	/ / -	MAS DECEDENT EVER IN ORCES? 1 YES			ENDENT OF NISPAN			or No- 14.	RACE — American Indian, Black, White, etc.		
ВУ		F YES, GIVE WAR OR DA			NO Specify		irouri, aros,		Specify: BLACK		
ED E	15. DECEDENT'S EDUCATION	-	16a. DECEDENT'S	ISHAL OCCUPATI	nu .	165	KIND OF BUS	INESS/INDUST		-	
ET 8	(Specify only highest grade comple		(Give kind of w life. Do NOT use	ork done during me	ist of working	100.	KIND OF BUS	INESS/INDUS	171		
P			LICENSE	PRACTIC	AL NURSE		PRIVA'	re			
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		-		18. MOTHER'S NA	ME (First, A	fiddle, Maiden	Surname)			
ш	CLARENCE DEMPSEY	HERCHEL	ANDREWS		RUTH .	ANDRI	EWS				
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural i	Route Numb	er, City or Town	, State, Zip Coo	de)		
F	ROBERT GRANT (SON)		15110	NARROWS	LANE; B	OWIE,	MD.	20716			
1	20s. METHOD OF DISPOSITION XX Burlel 2 Gremation 3 Gremoval is	20b.	PLACE AND DATE O		ame of	DATE	20c. LO	CATION — City	or Town, Stata		
	4 Dongtion 5 Other (Specify)	НА НА	RMONY ME	MORTAL	PARK	3/15/	196 I	ANDOVE	R. MARYLAND	_	
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	/ /			SON & JE		FIINE	RAT. HO	ME INC		
	April 13	Hust	_		ENNEDY S						
	23. PART Enter the diseases, or compleanock, or heart failure. List of	licetions that ceused	the death. Do n	ot enter the mo	de of dying, suc	h aa card	lac or reapl	ratory errest	, Approximate interval Between		
	IMMEDIATE CAUSE (Final		epo.						Onset and Date		
	disease or condition a. Metastatic Course										
	DUE TO (OR AS A CONSEQUENCE OF):										
O	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF)										
CERTIFICATION	If any, leading to immediate csuse. Enter UNDERLYING										
FIC	CAUSE (Disease or Injury c. — that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):						-	
R	resulting in death) LAST										
	DATE II OAL - I - III - III - III										
CAL	PART II. Other significant conditions con	itributing to death bi	ut not resulting i	n tha undarlyin	g cause given in	Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO		
MEDIC						-	1 TYES 2	Sho	OF DEATH?		
	DID TODA COO LICE COATTOIN	TE TO CALIER O	E DEATH VE	c III No I	1 INTERPRET	<del></del>			1 TYES 2 NO		
PHYSICIAN:	DID TOBACCO USE CONTRIBU		F DEATH YE		UNCERTAI	ושא					
S	EXAMINER? /	SPITAL:		OTHER:	•						
٦×۶	1 YES 2 THO	Inpetient 2 ER/Outp	28b. TIM		IURY AT			NJURY OCCUR	ED.	_	
	Natural 5 Pending	(Month, Day, Year)	INJ		DRK?	200. DES	CHIBE HOW I	TJUNI OCCUN	EU		
ВУ	Accident Investigation		71	28f. LOC	ATION (Street a	nd Number or I	Rural Route Number	$\dashv$			
9	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28t. LOCATION (Street and Number or Rural R City or Town, State)										
COMPLET	29a. CERTIFIER Check only 1 CERTIFYING PHYSICIAN:	To the heat of my knowl	ados desth conum	of at the time dat	and alone and due	40.40					
MP	and I								ause(a) and menner as stated		
	29b. SIGNATURE AND TITLE OF CERTIFIER										
BE	Changa Class O 11	Lookar	~		29c. LICENSE NUI	JUZ		ZVG. DATE SI	GNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO COM	MPLETED CAUSE OF DE	ATH (ITEM 27) (Type.	Print)		1 1 /		. >	-7-10	_	
	MARTIN D. WET	_	25 %	rema	100	Jul	e gru	who	elt MD		
	MAR 1 4 1996	THE CHAR'S SIGN	ATURE						2077	0	

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## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

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	inter-					C	ertifica	ate of	Death			Reg. No.			
н	Dhamla	lan.	1. Decedent's Neme (First, Middla	, Last)							2. Deta of De		Vaar	3. Time of De	eth
	Physic /Med		HELEN	J. Gl	REEN						MARCH	10 19	996	4:05 p	·m.
	Exami		4e. Facility Nama (If not institution) 9220 ROLLING						4b. City, To		ocation of Dea			EORGES	
	Funeral Director		5. Sociel Security Number 578–60–2742	6. Sex 1 ☐ M 2 🛣 F	7. Aga (In )	vrs. lest birthde Yrs.	y) If Uni	dar 1 Yaa ns Deys		24 Hrs. Min.	8. Dete of Bi (Month, D April	rth ay, Year) 18,1938	9. Birth Cou Wash	piaca (Stata or F intry) 11 ngton,	oraign D.
	p ,		Usual Residence of Decedent		140	A: -									
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Heelth and Mental Hygiene. Item 27 is marked other than "natural", or Itema 23s or 28s-f show other traumatic event, the Medical Examiner must be nounded.	Director	Maryland Princ  10e. Street and Number	e George		city, Town or anham		Zip Code				10g. Citizen of		10d. fnside City I	
	3a or	Ö	9220 Rolling V	iew Drive	e			207	06			USA		,	
	me 2	Funeral	11. Marital Status	12. Wes Dec	edent Evar i	n U,S. 13	B. Was De			igin? (Sp	ecify Yas or N		ce - Amari	can Indian,	
	ours after al', or its		1 ☐ Never Merried 2 ☑ Marrie 3 ☐ Widowed 4 ☐ Divorced	Armed Fi ed 1 Yas If Yas, Gi Yeer or D	2 XNo	(No		3. Was Decedent of Hispanic Origin? (Spiff Yes, specify Cuban, Mexican, Puerto  1 ☐ Yes  No Specify:			Hican, etc.)		Specify: Black		
	72 ho	e e	15. Decedent'	s Education	1	16a. Dec	edent's U	suel Occu	upation e during mos ed)	t of work	rina	16b. Kind of B	usiness/ir	ndustry	
	within ene.	Completed by	Elementery/Secondary (0-12)	1	(1-4or 5+)				ed)	or work	w.y	Priva	t-o		
42	Hygie ther ther	ပိ	6th 17. Fether's Neme (First, Middle, L	est)		ПОІ	nemak	.er	18 Moth	ar's Nam	PT1V me (First, Middle, Meiden Sui				
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Box (	th certifications in use ex	an/Me	d												
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	or Attendent Strector: In by the	Certification:	2 Accident investige 3 Sulcide 6 Could no 4 Homicida determin	t home, ferm, s	M 1 ☐ Yes 2 ☐ No home, ferm, streef, factory, offica 28i					8f. Location (Street end Number or Rural Routa Number, City or Town, Steta)					
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_			RALPH BOCCIA	M.D.	9707	MEDICA	L CEN	ITER	WAY_SI	UITE	_300_R0	CKVILLE	,_MD		
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 0988

Physicia		1. Decedant's Name (First, Middla, La	st)				2. Data of Dea			. Time of Death	
/Medic		TAMES FINARD CRIER JR					Februar	y 4, 19	Year 196	5:50 PM	
Examin		4a. Facility Name (If not institution, giva straat and number)			4b. City, Town, or I		4c. County	ot Death			
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Funeral Director		HOLL	M 2□ F 7. Age (In)	vrs. last birthday) Yrs.	Months Da		8. Data of Birth (Month, Day February	Year) 4, 1996	9. Birthplace Country) Marylan	d (State or Foreig	
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or 28a-f show	ector		Georges	Forest						1∭Yas 2□N	
23a or	Funeral Director	7123 Donnell Pla	nce, #D5		10f. Zlp Cod 20	747		U.S.A.	What Country'i		
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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Dey Month **Physician** Vear JOAN Y. GORDON FEBRUARY 23 1946 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GEORGE'S If Under 1 Yeer | If Under 24 Hrs. 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2₩F Months Days Yrs. Director 213-48-2153 42 MARYLAND Usual Residence of Decedent filed within 72 hours after death with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Items 23s or 28s-f short ther must be notified at 1 ☐ Yes 2 No Director MARYLAND PRINCE GEORGE'S COTTAGE CITY 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 3715 43RD AVENUE 20722 UNITED STATES Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Biack, White, etc. 11. Meritel Status traumatic event, the Medical Examiner 1 ☐ Yes 2 XNo If Yes, Give Yeer or Dates: 1 Never Married 2 Merried 21215-0020 6 1 ☐ Yes 2 No Specify: þ Specify 3 Widowed 4 Divorced "natural", WHITE Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15 Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) SECRETARY PRIVATE INDUSTRY 12 other Baltimore, Maryland permit. Peges 1 and 2 should be file Department of Health end Mental Hy, Important: If Item 27 is marked other any Injury or other traumatic event 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) Be P ANDREW L. VAZQUEZ MARY L. MASON 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3715 43RD AVENUE, COTTAGE CITY, MARYLAND 20722 MARY L. VAZQUEZ, MOTHER 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Date 1 XBuriel 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) FORT LINCOLN CEMETERY 2/27/96 BRENTWOOD, MARYLAND 21. Signature) of Funeral Service Lio 22. Neme end Address of Facility FORT LINCOLN FUNERAL HOME, INC. mus zani 3401 BLADENSBURG RD., BRENTWOOD, MD 20722 234. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between Onset end Death Physician /Medical Immediate Cause (Final CEREBRAL EDEMA FIVE DAYS disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner b. MASSIVE FIVE DAYS SUBARNEHNU 1D HEMURKHAGE The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest and Due to (or as a consequence of): Box 68760, physician CEREBRAL ANEURYSM Physician/Medical the Due to (or es e consequence of) P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? signed by t 3 Probably 4 Unknown 1 Tyes 2 No Division of Vital Records, þ 24b. Were eutopsy findings eveileble prior to completion of cause of death? Completed 24e. Was en eutopsy performed? peen has certificate 1 ☐ Yes X☐ No 1 ☐ Yes 2 ☐ No Attanding Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28h Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation After 1 Natural death. 1 Tyes 2 No 2 Accident after death Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 24 hours a 29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the ceuse(s) and manner es steted. Medical To the Hosp within 24 hor To the Fune completely fi 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 29b. Signature, and title of certifier 29c. License number D4366 New M 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 6 NIJIAM JI BOYCE PRINCE GEORGES HOSPITAL CTR CHEVERLY MD 31. Date filed (Month, Day, Year)
MAR 11 1996 2. Registrar's Signature

State Registrar

**MAR 11** 

**DHMH 16 Ray 6/95** 

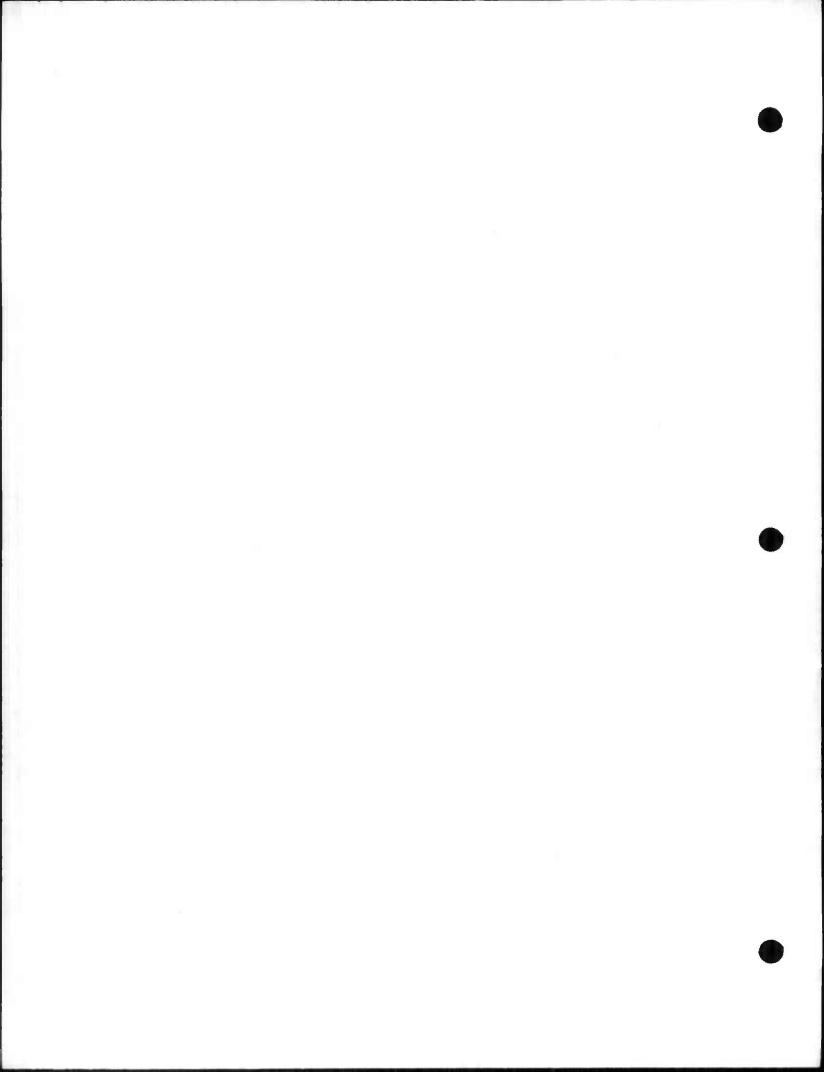
62 F. W. II REIDI

	CITACITITE CONTRACTOR OF STREET
examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
death. Page 6 may be retained by the hospital or attending physician.	TO THE MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
ALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 6876

1	FOR STATE OF MARYL STATE REGISTRAR	AND / DEPAI CERTIF				MENT	AL HYGIEN	Ε			
	1. DECEDENT'S NAME (First, Middle, Last)	4		-			E OF DEATH			3. TIME OF DEATH	
7	Richard Lee Goo	dyea				Mon	THE DI	) /	976	10:45 PH	
- 1	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE	(in yrs. est birthday)	IF UNDER 1		IF UNDER 24 HRS.	7, DAT	E OF BIRTH nth, Day, Year)			HPLACE (State or Foreign	
	220-74-6813 ¹\X M 2 □ F	29 YRS. MONTHS DAYS HOURS MIN.							yland		
_	9s. FACILITY NAME (If not institution, give street and number)				R LOCATION OF D	EATH					
5	Fallston General Hospital		Fa	llst	on		Harford			i	
	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c. Cl	TY, TOWN O	ON			10d, INSIDE CITY				
DIRECTOR	Maryland Cecil	E	1kton							LIMITS?	
196-	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITI	IZEN OF	WHAT COUNTRY?	
FUNERAL	3 Rene Carr Street				21921			U.	S.A.		
5	11. MARITAL STATUS  12. WAS DECEDENT EVER I FORCES? 1 YES									E — American Indian, ik, White, etc.	
BY	1 X Never Married 2 Married 3 Widowed 4 Divorced				2 X NO Speci		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon				
	15. DECEDENT'S EDUCATION	Les DECEDENTS		0.10.71		1.		200500		WIIILE	
2	(Specify only highest grade completed)	16a. DECEDENT': (Give kind of life, Do NOT	work done d	luring mo	N it of working	1	6b. KIND OF BU	SINESS/INE	DUSTRY		
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	Mecha	nic				Automo				
ŏ I	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (Firs	t, Middle, Maiden	Surname)			
	Harry G. Goodyear, Si	c.				Et	hel M.	Good	lyear	r	
BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural				Code)		
٤	Retha A. Hamm	3 Re	ne Ca	rr S	treet -	E1k	ton, M	D 21	921		
		b. PLACE AND DATE				30/	10 20c. LO	CATION —	City or T	own, State	
	4 Donation 6 Other (Specify)	nnaculat								l, Maryland	
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. Hi	CKS	D ADORESS OF F	r Fu	nerals	, P.A	١.		
	Donald S. Hicks									21921-5521	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		OF): DF):	GE	- CE	u	L71	n/1.	tom	Interval Between Onset and Death A / 8 Mon	
ר ב	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
							PERFD	. /		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
SICIAN: MEDICA		1 ☐ YES 2 NO OF DEATH?									
≥	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
Ž I	25. WAS CASE REFERRED TO MEDICAL	26. PLACE DF DE	ATH (Check	only one)							
Sign	EXAMINER?  1 YES 2 ND  HOSPITAL;  1 Inpetient 2 ER/Out	patient 3 DOA	OTHER 4 Nurs		e 5 🗆 Residence	6 🗆 0	ther (Specify)				
PHY	27. MANNER OF DEATH 28e. OATE DF INJURY (Month, Day, Year)	28b. Ti	IME OF NJURY	28c. IN.	URY AT RK?	28d. 0	DESCRIBE HOW	INJURY OC	CURED		
A A	1  Netural 5  Pending 2  Accident Investigation		М		ES 2 ND						
	3 Suicide 8 Could not be detarmined 26a. PLACE OF INJURY — At home, Ierm, street, factory, office building, etc. (Specify) 26i. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)										
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated.  2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner as stated.										
	295. BIGNATURE AND TYPE OF CENTIFIER	2 -			29c. LICENSE NU					D (Month, Day, Year)	
TO/BE	for when	m	-9		231	7	75	▶M	ALC	# 8, 1996	
	HOAN PENANDS,	EATH (ITEM 27) (Typ	De, Printy	12	STUN	100	rang	+A	N	21047	
	MAR 1.3 1996	_									
	MAR 13 1996 Ali dhudeon	Nardall									

FOR STATE

		REGISTRAR		_		CERT	FICA	IE C	F DEA	IH		REG. NO.			
		1. DECEDENT'S NAME (First, M		llen A. (	Grier	son.	Sr.				2. DATE OF MONTH	DA	996	YEAR	3. TIME OF DEATH 21:00 M
		4. SOCIAL SECURITY NUMBER 218-26-8696		5. SEX 1 ₩ 2 □ F	6. AGE (III	n yrs. last birthdi	y) IF UN	DER 1 YEA		R 24 HRS.	7. DATE O	F BIRTN Day, Year)		a, BIRTH Countr	PLACE (State or Foreign
3 should		9a. FACILITY NAME (If not instit	tution, give s		65	) 1112		EITY, TOW	N OR LOCATI	ION OF DE		9,19		Mary of D	/land
2	TOR	Southern Mary	land	Hosptia.	l Cen	ter		Cli	nton						George
ges 1,	DIRECTOR	10e. STATE	OB. COUNTY			10c.	SITY, TOW	N OR LO	CATION						10d. INSIDE CITY
. <u>F</u>		Maryland	Princ	ce George	е		Upp	er M	Marlbo	ro					LIMITS?  1 YES 2XXNO
physician. burlal-transit permit. Pages 1,	ERAL	100. STREET AND NUMBER 11105 Marlbon	ro Pil	ce					101. ZIP COD				10.7		CHAT COUNTRY?
physician. burtal-tran	FUNE	11. MARITAL STATUS		12. WAS DECEDEN			T		DECENDENT (					14 BACE	States - American Indian,
attending physe as the bur	ВУ	1 Never Married 2 M M		IF YES, GIVE V					epocify Cubi			can, etc.)	- 53	Speci	
>	TED	(Specify only h				16a. DECEDEN (Give kind life. Do NO	of work do	ne during	ATION most of worki	ng	16b. I	UND OF BUS	INESS/IND	USTRY	
교육	COMPLET	Elementary/Secondary (0-12	2)	College (1-4 or 5	+)	Produ			rk		Т.	ce Cr	eam I	ol ant	
ह के ह	CO	17. FATHER'S NAME (First, Midd	He, Last)				18. MOTNER'S NAME (First, Middle, Maiden Surname)								
and by solid be	BE	Joseph Ceph	nas Gi	rierson		Lan man		T00 (0)			stell				
e retained to 5 should notified	5	Leona Griers	•						et and Numbe						o, Md 20772
may be		20a. METHOD OF DISPOSITION	N	wal from State		PLACE AND DA	E OF DISE	OSITION		IO P	DATE	_	CATION —		
3 gc @		4 ☐ Donation 6 ☐ Other (S) 21. SIGNATURE OF FUNERAL S	pecify)		E	piphan	v Ce	mete	ery Ma	rch	2,199	6 F	orest	vill	le,Maryland
death. funera		MAX	DZ	902	1										e,Inc 6633 n,Md 20735
6 7 E 3		23. PART I. Enter the dise	rt fallure.	omplications the	t csused	the death. D						_			Approximats
Pe ion,		IMMEDIATE CAUSE (Final disesse or condition													Onset and Death
within pietel crema		resulting in death)		Ruptu	red 1	Abdomir CONSEQUENCE	al P	ort	ic Ane	eurys	sm				
and and o bur	NOI	Sequentially list condition if any, leading to immedia		Hemor	rhagi	LC Shoc	k ar	nd C	ardio	-Pul	lmonar	y Arr	est		
	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	G	Arter	io- 5	Scleros	is C	ene	ral						
nding Hygie or oth	ERTII	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  C. Arterio Sclerosis General  Our TO (OR AS A CONSEQUENCE OF):  d.													
the death the atte d Mental	O	PART II. Other algolficant	condition	contributing to	death bu	t not resultin	g In the	underly	ing cause	given in	Part I. 2	4a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
that than than	EDICAL											PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
requires seen sign of Healt	Σ														1 TYES 2 NO
ne law requires been best. of P	SICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO 1		RIBUTE TO CA		6. PLACE OF D				ERTAIN	4 <b> </b>				
SICIAN: The certificate he the State I	SIC	EXAMINER?		HOSPITAL:			ОТН	ER:	lome 5 🗆 Re	sidence	6 Other /	Specify)			
NG PHYSICIA fler this certil sath with the marked, or	7 РНУ	27. MANNER OF DEATN  XX Natural 5 Per		28a. DATE OF (Month, D	INJURY lay, Year)		IME OF NJURY	28c.	INJURY AT WORK?			RIBE NOW IN	JURY OCC	URED	
OR ATTENDING PHYSICIAN: The law required DIRECTIOR: After this certificate has been shours after death with the State Dept. of Filem 28 is marked, or Nem 23 show	ED BY	3 Suicide 6 Co	estigation uid not be termined	28e. PLACE O building,	of INJURY -	— At home, farr	n, street, f					ION (Street a Town, State)	nd Number	or Aural A	oute Number,
DIRI Pour	PLE	29a. CERTIFIER (Check only	YING PNYSIC	ZAN: To the best of	my knowle	dge, death occ	irred at th	e time, d	eta and place	, and due	to the cause	o(a) and man	ner as state	nd.	- 10
HOSPITAL FUNERAL WITHIN 72	COMPLET	one) 2 MEDICA	L EXAMINE												and manner as stated.
TO THE HOSPIT TO THE FUNERA De filed within 7	R	296. SIGNATURE/AND TITLE OF	D14182  29c. LICENSE NUMBER D14182  29d. DATE SIGNED (Month, Day, Year)												
	2	M.A. Naficy						e. s				MD 2	0904		
		31. DATE FILED (Month, Day, Yes		12 RESCIPADA SIGNATURE A											
		1111-111 Tr	000												



DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
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	II 24 I	
VITAL RECORDS, P.O. BOX 68760	AN: The law requires that the death certificate be executed with	
OF	HYSICIA	
DIVISION	HOSPITAL DR ATTENDING P	the second of the second of the second
	THE	-

Pages 1, 2, 3 should permit. burial-transit 2 Se use 200 detached funeral director, page 5 should be completely filled in by the rial, cremation, or removal. the attending physician and completely filled in Mental Hygiene prior to burial, cremation, or and the been t Dept. 23 State | marked, or the with w After DIRECTOR: / 28 TO THE FUNERAL (De filed within 72 h

notified at once.

must be

medical examiner

the

other traumatic event,

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shows any injury,

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Louella Jane Guy 1996 March 6, 01:11 a M 4. SOCIAL SECURITY NUMBER B. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 59 YRS. DAYS HOURS BEIN 1 M 2 X F -40 - 3023March 12. 1936 West Virginia 9e. FACILITY NAME (If not inetitution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR Union Hospital of Cecil County Elkton Cecil RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Cecil North East 1 TY YES 2 NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 107 West Cecil Avenue 21901 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☑ NO Specify: 14. RACE — American Indien, 1 Never Married 2 X Married BY Spectly: White 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION 16. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig (Give kind of work done life. Do NOT use retired.) П Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Homemaker Her Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Ralph Keaveny Maude McClung BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Allan R. Guy 107 West Cecil Avenue, North East, MD 21901 20e. METHOD OF DISPOSITION
1 ☆ Burlal 2 ☐ Cremation 3 ☐ Re
4 ☐ Donetion 5 ☐ Cilia // Face y/ 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Commetery, cremetery or other place)
North East Methodist Cem 3/11/96 North East, Maryland 21. SIGNATURE OF FUNERAL SERVICE-CICENSE 22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 127 South Main Street, North East, MD 21901 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 - YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Madh 31. DATE FILED (M Julia Davideon Ranfall

DHMH-16 Rev 1/89

	HOSPITAL	
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1	REGISTRAR  1. DECEDENT'S NAME (First, Middle	lle, Last)	CE	RTIFICA	IE O	DEATH	REG. NO  2. DATE OF DEATH		3. TIME OF DEATH		
	J	AMES Warren	( + E	FOR G	F		MONTH	13-19	EAR I A		
4	4. SOCIAL SECURITY NUMBER		E (In yrs. lest		DER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTHPLACE (State or Foreign		
	579 10 5260	XXM2□F 7	6	YRS. MONT	HS DAYS	HOURS MIN.	April 22,	1919	Country) VA		
	9e. FACILITY NAME (If not institution		.,,		CITY, TOW	OR LOCATION OF D		9c. COUNTY	INTY OF DEATH		
CTOR	SOUTHERN	MANY AND	HOUPIN	TAL	0	INTON		PRIM	OCK GEON		
5	RESIDENCE OF DECEDE  10e, STATE 10b,	COUNTY						7.70.			
DIRE	MD 108.	Anne Arundel		Lothi		CATION			10d. INSIDE CITY LIMITS?		
	10s. STREET AND NUMBER	Allie Atuluet		LOUI					1 TES 2 NO		
FUNERAL		Massace 57				101. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?  USA				
빌	147 Konrad	12. WAS DECEDENT EVER	D IAL II C ADA	en T	40. 400.0	20711	NIC ORIGIN? (Specify Ve				
BY FL	1 Never Married 2 Merrie 3 Wildowed 4 Divorced	ed FORCES? TYPYE					n, Puerto Rican, atc.)	or No	14. RACE — American Indian, Black, White, etc. Specify: white		
0		IT'S EDUCATION	16e. DEC	EDENT'S USUA	L OCCUPA	TION	16b. KIND OF BU	SINESS/INDUS	TRY		
5.1	(Specify only high Elementary/Secondary (0-12)	est grade completed)  College (1-4 or 5+)	(Giv								
P.	8		Weld	der	ad - Tr	ransportatio					
COMPL	17. FATHER'S NAME (First, Middle,	Lest)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surneme)			
BE	Thomas	Geor	ge			Ju]	ia		Anthony		
	19e. INFORMANT'S NAME (Type/Pr	rint)	19b.	Route Number, City or Tox	n, State, Zip Co	ode)					
임	Thomas E. Ge	eorge/son	10	6000 No	ottir	igham Rd.,	Upper Mai	rlboro	, MD 20772		
	20e. METHOD OF DISPOSITION			ND DATE OF DIS					y or Town, State		
	4 Donation 5 Other (Spec	city)	Mary L	and Vet	erar	s Cem. 3	3-18-96 Che	eltenha	am , MD		
	21. SIGNATURE OF FUNERAL SER	WICE LICENSEE	20		22. NAME	AND ADDRESS OF FA	CILITY				
	1/1/1	Willed Fr			Raus	sch Funera	al Home, Ox	vings,	MD 20736		
	ahock, or heart	ee, or complications that cause fallure. List only one cause on a. SEPSIS	S A CONSECU	UENCE OF):		UNKN	owN		Onset and D		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  B. ACUTE MY OCARDIAL INFARCTION 2DAYS  DUE TO (OR AS A CONSEQUENCE OF):  C. ATHEROSCILEROTIC HYPERTENSIVE HEART DISEASE YEARS  DUE TO (OR AS A CONSEQUENCE OF):  d.										
CAL	PART II. Other algolificant co	onditions contributing to death	but not ra	sulting in the	underly	Ing causa given in			24b. WERE AUTOPSY FINDS		
	END STAGE	RENAL DIS	EASE	- NE	PHA	ROSCLER	S/S 1 YES		AVAILABLE PRIOR TO COMPLETION OF CAUS		
MED	SQUAMOUS	CELL CA	ROIN	oma	OF	TONGU	E	1	OF DEATH?		
	DID TOBACCO USE	CONTRIBUTE TO CAUSE	OF DEAT	H YES [	ON	☐ UNCERTAI	N 🗆				
¥.	25. WAS CASE REFERRED TO ME		26. PLACE	E OF DEATH (C/	neck only o	ne)					
S	1 TES 2 NO	HOSPITAL:	utpatient 3		HER: Nursing H	ome 5 🗆 Residence	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	26a, DATE OF INJUR (Month, Day, Yea		28b. TIME OF		INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED		
ВУ	1 Natural 5 Pend 2 Accident Invest	ling digation				YES 2 NO					
8	3 Suicide 6 Could	d not be mined 28e. PLACE OF INJU building, etc. (S	IRY — At hon pecify)	ne, ferm, street,	factory, of	ffice	261. LOCATION (Street City or Town, Stells	LOCATION (Street and Number or Rural Route Number, City or Town, Stete)			
COMPLET	onel	NG PHYSICIAN: To the best of my kn									
	29b. SIGNATURE AND TITLE OF	BERTIFIER	0, 1	1		29c. LICENSE NU	MBER		BIGNED (Month, Day, Year)		
TO BE	30. NAME AND ADDRESS OF PER	SENTIFIER  ASSON WHO COMPLETED CAUSE OF	L						1/13/1996		
	31. DATE FILED (Month, Day, Year)	DYARD ROAD  32. REGISTRAR'S SI	0 #	501	<u></u>	LINTO	N MD	20%	735 '		
		9 1996 Sula da		artall							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

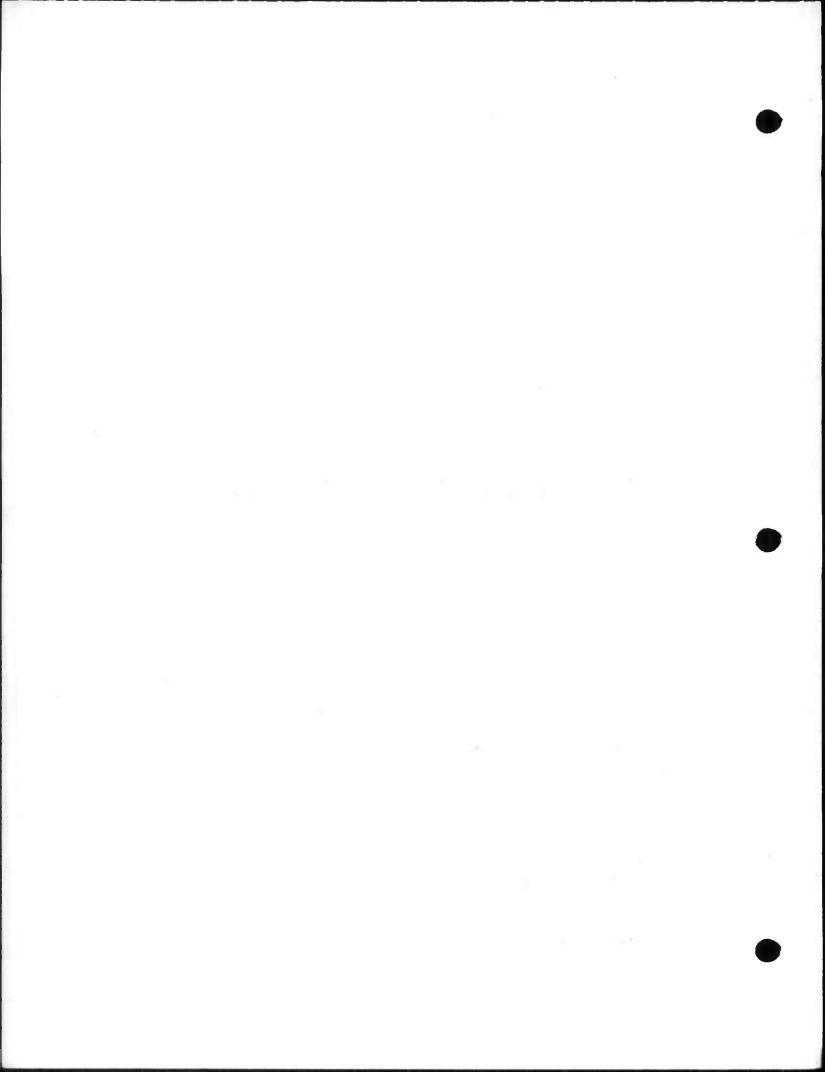
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF I		MENTAL HYG						
	1. DECEDENT'S NAME (First, Middle, Last) MARION STEWA	RT GRINDLE				2. DATE OF DEAT		YEAR 3.	TIME OF DEATH 4:25 AM M			
	214-07-1090	1 🗆 M 2 🔏 F	(In yrs. last birthday) 89 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH FEB 7 1	907	Country)	ACE (State or Foreign			
TOR		98. FACILITY NAME (If not institution, give street and number)  MEMORIAL HOSPITAL  RESIDENCE OF DECEMENT  96. CITY, TOWN OR LOCATION OF DEATH  ALLEGANY  ALLEGANY										
DIRECTOR	10a. STATE 10b. COUNTY	EGANY		TOWN OR LOCA MBERLAN					Dd. INSIDE CITY LIMITS?  XY YES 2 NO			
FUNERAL	100. STREET AND NUMBER  701 FURNACE STRE	ET		100	21502			S.A.	AT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	ZYNO	II yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2XXNO Specifi	n, Puarto Rican, etc	14. RACE — Black, V	American Indian, thile, alc. WHITE				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		18a. DECEDENT'S I (Give kind of w life. Do NOT use HOUSE KE	ork done during me retired.)	ON ast of working	166. KIND O						
BE COM	17. FATHER'S NAME (First, Middle, Last)  ALFRED NIGHTENGA	ME (First, Middle, Mi	E KEEPE	K								
TO B	ALFRED NIGHTENGALE  19a. INFORMANT'S NAME (Type/Print)  GEORGIANNA RITTER  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  906 BALMORAL ROAD CUMBERLAND MARYLAND 215											
	20a. METHOD OF DISPOSITION  1 String Burial 2 Cremation 3 Remov 4 Donation 6 Other (Specify)	al from Stale Ce	metery, crematory or off UNSET CEM	ETERY M	ARCH 11	1996 C	c. location — c UMBERLA					
	· Dale &	22. NAME AND ADDRESS OF FACILITY MERRITT-ADAMS FUNERAL HOME 404 DECATUR STREET CUMBERLAND MARYI										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition UROSEPSIS											
z	a. UKUSEPSES  BUE TO (OR AS A CONSEQUENCE OF):											
ICATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury											
CERTIFICATION	that initiated eventa resulting in death) LAST		A CONSEQUENCE OF									
AL	PART II. Other significent conditions  MULTI INFRACT	DEMENTIA	but not resulting in	the underlyln	g cause given in	PE	S AN AUTOPSY REFORMED?	AM CC	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION OF CAUSE DEATH?			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	OF DEATH YE		UNCERTAII	v 🗆		1	□ YES 2 K NO			
SIC		HOSPITAL: ER/Out		OTHER:	e 5 🗆 Residence	6 Other (Specify	)					
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY WO	URY AT HRK?	28d. DESCRIBE H	OW INJURY OCCI	JRED				
	3 Suictde 6 Could not be datarmined	28a. PLACE OF INJUR building, atc. (Spi	Y — Al home, larm, st lcify)	ome, larm, street, lactory, offica			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER:	AN: To the best of my known							nd manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	4			29c. LICENSE NUM D 14865	MBER	29d. DATE SIGNED (Month, Day, Year)  MARCH 9, 1996					
	DR ROBUSTIANO J.	BARRERA ME	MORIAL HO		MEDICAL	BUILDING	CUMBER	LAND	MD.			
	MAR 0 8 1996	Jaha Martie	Resolution .									



### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q &

								tificate of		- ivicinal my	Reg. No.	90	03033
п	Physic	ian	1. Decedent's Name (First,		•					2. Date of De Month	eath Day	Year	3. Time of Death
l,	/Medi	cal	Helen Marie			41	· · · · · · · · · · · · · · · · · · ·		45 Olt Town	or Location of Deal	15	16	2010
	Exami	ner	4a. Facility Name (If not Ins Homewood	nution, give	street and nur	noer)			Willia	msport		nty of Death ashing	
	Funeral Director		5. Social Security Number 217–10–3355		x □M 2K1F	7. Age (In yrs. I 75	last birthday) Yrs.	If Under 1 Year Months Days		in. (Month, D	rth ay, Year) .4,1921		nplace (State or Foreign intry) ryland
	and		Usual Rasidence of Deceder 10a, State 10b, C			10c. City	, Town or Lo	cation					10d. Inside City Limits
	Manyl f eho	ō	MD Wa	shing	ton		Hage	stown					1 ☐ Yes 2 ☒ No
	r 28e	Se l	10e. Street and Number					10f. Zip Code			10g. Citizen	of What Cou	intry?
	h with	a D	11905 Phyla	ne Dr	ive			21741			1	JSA	
	deel deel	Funeral Director	11. Marital Stalus		12. Was Dece Armed For	dent Ever In U.	S. 13.	Was Decedent of I	Hispanic Origin?	(Specify Yes or No erto Rican, etc.)	o- 14. F	Race - Ameri Black, White	
21215-0020	s 1 end 2 should be filed within 72 hours after deeth with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examinational to notified at	by	1 ☐ Never Married 2 ☐ 3 ☑ Widowed 4 ☐ Div		1 ☐ Yes if Yes, Giv Year or Da	2 1 No		I ☐ Yes 2 🛣 No		onto modifi, oro.,		othe -	ite
5-0	72 h	etec	15. Dec (Specify only	edent's Edu	ucetion de completed)		16a. Deced (Give	lant's Usual Occup kind of work done OO NOT use retire	oation during most of v	vorking	16b. Kind o	f Business/Ir	ndustry
12	within one. than	Completed	Elementary/Secondary (0		College (1		iife. i						
	filed within Hygiene. other than ent, the Ment		12 17. Fether's Name (First, M	ddle. Last)	0			homema	T	lame (First, Middle	her (		
an	Mental Mental arked o	o Be	Cecil B. Ri		r				The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	rence Am			
Maryland	2 should and Men a marke aumatic	-	19a. Informant's Name/Ralationship (Type, Print)  19b. Mailing Addrass (Street and Number or Rural Rou									wn, State, Zi	ip Code)
	1 end 2 Health a em 27 la	Beverly C. Tabor P. O. Box 99, Deltaville,								ville, V	a. 2304	+3	
ore	permit. Peges 1 end Department of Health Important: If item 27 any injury or other tr once.		20a. Mathod of Disposition 1 Disposition 2 □ Creme	tion 2 Di	Domoval from 6	20b. P	lace of Dispo	sition (Name of natory or other ple	ce)	Date	20c. Location - City or Town,		own, State
Ĕ			4 Donalion 5 Oth			Ros	e Hill	Cemeter	У	3-21-96	Hage	cstown	, Maryland
Baltimore,			21. Signature of Funeral Service Licensee  22. Name and Address of Facility MINNICH FUNERAL HOME										
	703 # O		00	di	7/1/	Unnu	4	5 E.Wils	on Blvd	.,Hagers	town, N	1d. 21	740
			23a. Part1. Enter the disea ahock, or heart failure	se, or comp List only o	lications that cone cause on e	aused the death ach line.	. Do not ent	er the mode of dyi	ng, such as card	liac or respiratory a	irrest,		Approximate Interval Between Onset and Death
7	Physician /Medical	al Immediate Cause (Final disease or condition										1	Oriset and Death
	Examiner		disease or condition resulting in death)		a/	Jan	e 5	1 ance	netes				NEEK
		ē				Due to (or	ras a consec	uence of):				1	
	ifficate be axecuted g physician and as the burlet-transit	amir	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury										
Ó,	e axer ian ar urief-t												
68760,	ificate be axecuted g physician and as the burlet-fransit	edical	Cause (Disease or Injury that initiated evants resulting In daath) Last  Due to (or as a consequence of):									1	
		annie .		L.	d								
Box	ettendin for use	cian										1	
P.0	requires that tha deeth cer seen signed by the ettendin hould be detached for use	Physician/N	Part II. Other significant co	ath but not rasu	17/5/1/								
	signed b	by P	stive (	00	D,	Mh	CE	Wie /ti	Gellas	1	Yes 20N	4000	obably 4□Unknow
Records,	v requires been sig should b		(=EPX		(1)	7	10.	4 -	_	24a. Was	an autopsy	24b. W	Vara autopsy findings vallable prior to
000	as been 2 shoul	piet	OFICE	) (	U	1, 1	)/11	Lell		- реп	omed?	C	ompletion of cause of death?
ž	The le	Completed				•		/		10	Yas 2 No	5 1	☐ Yes 2☐ No
Vita		BeC	25. Was case referred to mexaminar?	edical					26. Place of [	Death (Check only	one)		
ot <	> 000	To	1 ☐ Yes 2 ☐ No			npatient 2 1	ER/Outpatier	t 3 DOA	ner: 42 Nursing	Home 5□Res	Idence 6 🗆	Other (Speci	ify)
<u>_</u>	Attending Ph or death. ector: After th by the funeral	:uo		ending	28a. Date of	of Injury h, Day Year)	28b. Time of injury	28c. Inju Wo		28d. Deacribe	how Injury oc	curred	
S	feath for: A	cat	Z L Accident	vestigation ould not be	20. 5				Yas 2□No	2011	· · · · · · · · · · · · · · · · · · ·		
Division	To the Hospital or Attending I within 24 hours effer death.  To the Funeral Director: After completely filled in by the fune.	Certification:	4 ☐ Homicide d	atarmined	buildir	ng, etc. (Specify	)	aal, factory, office		City or To	wn, Stata)		ral Route Number,
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edicai	29a. Cartifiar 1 Cer (Check only one) 2 Me	tifying Phy dical Exami	sician: To the ner: On the ba and mann	isls of axaminati	vledga, death ion and/or Inv	occurred at tha ti restigation, in my	ma, data and pla opinion, daeth oc	ce, and due to the courred at the time.	cause(s) and date and place	mannar ss a	atated. to the cause(s)
	To th To th comp	Me	29b. Signature and title of c	rtified	1			29c. Licens	se number		29d, Date sig	ped (Mong)	Day, Year)
			1		/	)		D	268	06	2/	15/50	6
			30. Name and address of pe	rson/who a	ompleted cause	e of death (Item	23a) (Type,	Print)	,/	/	4/		NINA
			Haus	Ba	74	7NE	ortho	n/he	- He	CINO	und	1) <	4142
	Sta		31. Date filed (Month, Day,	Pear)		egistrar's Signat	ure	0.44	1				
PATE	Regist		MA	221	1996	phi dia		what,					
UH	MH 16 Rev 6/9	3											



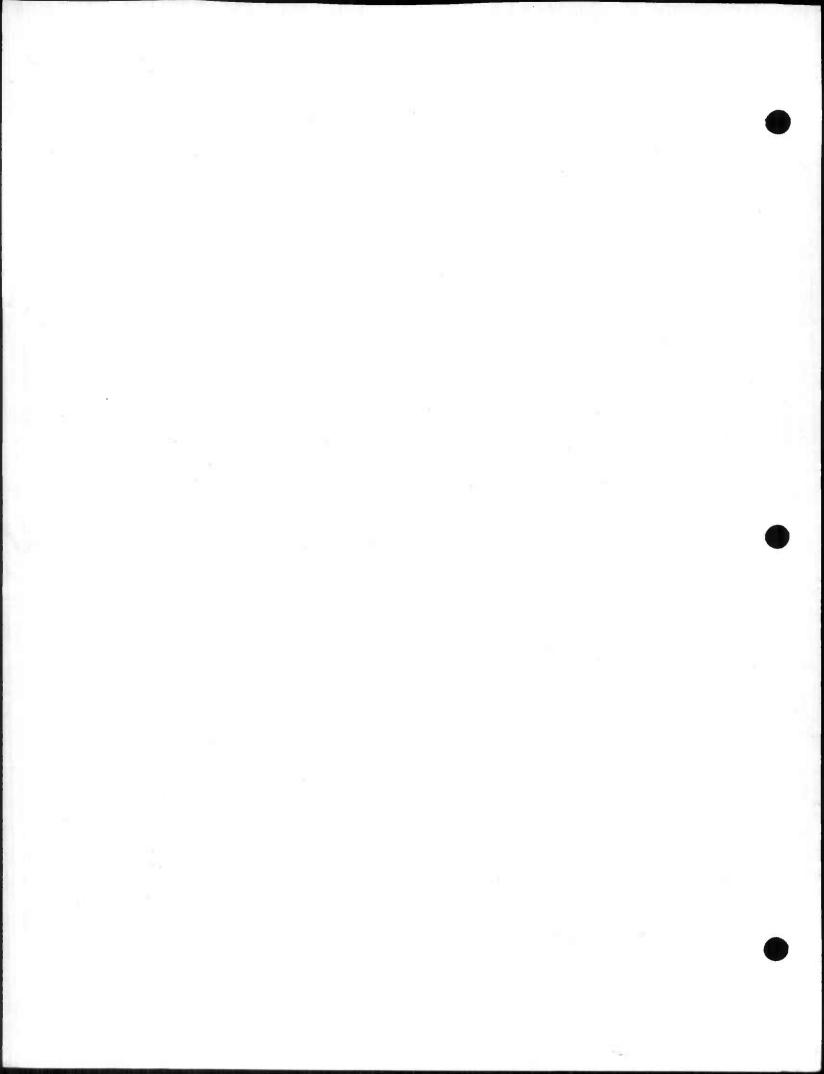
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DIVISION OF VITAL DECISION OF VITAL DECIDION OF VITAL DECIDION OF VITAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or lifem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	;	STATE OF MARYL				EALTH AND I	MENTAL	HYGIENI REG. NO.	Ē			
1. DECEDENT'S NAME (First,	Middle, Last)							OF DEATH			. TIME OF DEATH	
MAXINE	MAR	Y	GILP1	[N			Marc	ch 13,	1996	YEAR	7:05 A M	
4. SOCIAL SECURITY NUMB	ER 5.	SEX 6. AGE	In yrs. lest birtho		DER 1 YEAR						ACE (State or Foreign	
215-58-7153	1	□ M 2X□ F 7	5 YR	S. MONTH	8 DAYS	HOURS MIN.	MD					
9e. FACILITY NAME (If not inc	stitution, give street	and number)		9b. C	CITY, TOWN OR LOCATION OF DEATH Se. COUNTY OF DEAT							
Memorial Ho	spital	& Medical	Center	C.	umber.	land			A11	egany	У	
RESIDENCE OF DEC												
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								. 10				
MD	MD Allegany Flint									1	YES 2 NO	
10e. STREET AND NUMBER					101	ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?	
Route 2 Bo	ox 140-A	1				21530			ODA	1		
11. MARITAL STATUS		. WAS DECEDENT EVER I	U.SZARMED	1		ENDENT OF HISPAI			or No- 1	4. RACE -	- American Indian, White, stc.	
1 Never Married 2 U		IF YES, GIVE WAR OR D				2 NO Specif		man, arta)	ľ		white	
											VIIICC	
	highest grade con			d of work do	ne during mo	16b.	INESS/INDU	STRY				
Elementary/Secondary (0 12	-12)	College (1-4 or 5+)		ot use reliee emake	*	- 1	Iome					
			11011							.= '.		
17. FATHER'S NAME (First, MI						16. MOTHER'S NA	BOWE		Sumeme)			
	Elliott											
190. INFORMANT'S NAME (7)						nd Number or Rural		ber, City or Town	, State, Zip C	code)		
Kenny C. (	Gilpin		FILL	ntsto	ne, M	D 21530	)					
200. METHOD OF DISPOSITI	ON Bemove	1 from State	PLACE AND D				DAT	E 20c. LO	CATION - CI	ty or Town	n, State	
4 Donetion 5 Other		Cer	Gl'enda'	le Ce	meter	У	03/3	rol th	intst	Dile,	MID	
21. SIONATURE OF FUNERAL	L SERVICE LICEN	SEE /	1	<i>i</i>	SCAT	DADORESS OF FA	CILITY	1 Home				
1 Change	7	of Con	01/1		Cimb	erland,	MD	21502				
23. PART I. Enter the di	11	M Cuy	MEN			•			_	_		
ahock, Dr he	eert fellure. Lis	t only one ceuse on e	ech line.	Do not en	ler the mo	de of dying, auc	h ss cerd	liec or reapi	ratory arre	at,	Approximata Interval Between	
IMMEDIATE CAUSE (Findisease or condition											Onset and Death	
resulting in death)	<b>→</b> a	Fallopian			noma						8 Months	
		DUE TO (OR AS	CONSEQUENC	CE OF):								
Sequentielly list conditi	iona. b	DUE 70 (00 co										
if any, leading to immediate. Enter UNDERLY	diate	DUE TO (OR AS	CONSEQUENC	CE OF):								
CAUSE (Disease or Inju		DUE TO (00 40		25.00							1	
that initiated events reaulting in death) LAS	T	DUE TO (OR AS	CONSEQUENC	JE OF):							İ	
	d											
PART II. Other aignifice	nt conditions o	contributing to death i	out not result	ing in the	underlyin	g cause given in	Part i.	24s. WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS	
Pancytope	nia							PERFOR			WAILABLE PRIOR TO COMPLETION OF CAUSE	
2000	1120							1 YES 2	NO		OF DEATH?	
DID TORACCO II	SE CONTRIE	BUTE TO CAUSE O	NE DEATH	VEC [	I NO E	UNCERTAI	N D			'	YES 2 NO	
25. WAS CASE REFERRED TO		SOIE TO CAUSE C	26. PLACE OF			UNCERIA	иП					
EXAMINER?	H	IOSPITAL:		OTH					_			
1 YES 2 NO	1	Inpetient 2 ER/Out				e 5 🗆 Residence						
27. MANNER DF DEATH	Pending	(Month, Day, Year)	266	INJURY		RK?	2ad. DES	SCRIBE HOW I	NJURY OCCL	JRED		
	Investigation					YES 2 NO						
	Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	f — At home, fe cify)	erm, street,	factory, offic	•		or Town, State)		v Rural Ro	ute Number,	
4 Homicide	oereninined											
29e. CERTIFIER 1. CERT	TIFYING PHYSICIA	N: To the best of my know	viedge, death o	ccurred at ti	he time, data	and plece, end due	e to the car	use(s) end mar	ner ee state	d.		
Anal	ICAL EXAMINER	On the basis of exemination	on and/or Invest	Igation, in n	ny opinion, d	eath occured at the	time, dete	end place, en	d due to the	ceuse(s)	end manner es stated,	
29b. SIGNATURE AND TITLE	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)											
	The	11 1/20				D33280			March 15, 1996			
30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAUSE OF D	ATH (ITEM 27)	(Type. Print)						, ,	11770	
Dr. S. Gupt		son Heights			ildir	g Cumbe	erlan	d, Md.	215	02		
31. DATE FILED (Month, Day,		31 TEGISTRAR'S SIG	ATURE									
MAR 1		Jaki Music	Wharing	6								



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DIVISION OF VITAL RECORDS, r.c. con the formal properties of the hospital or attending properties.

To THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending properties.

To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

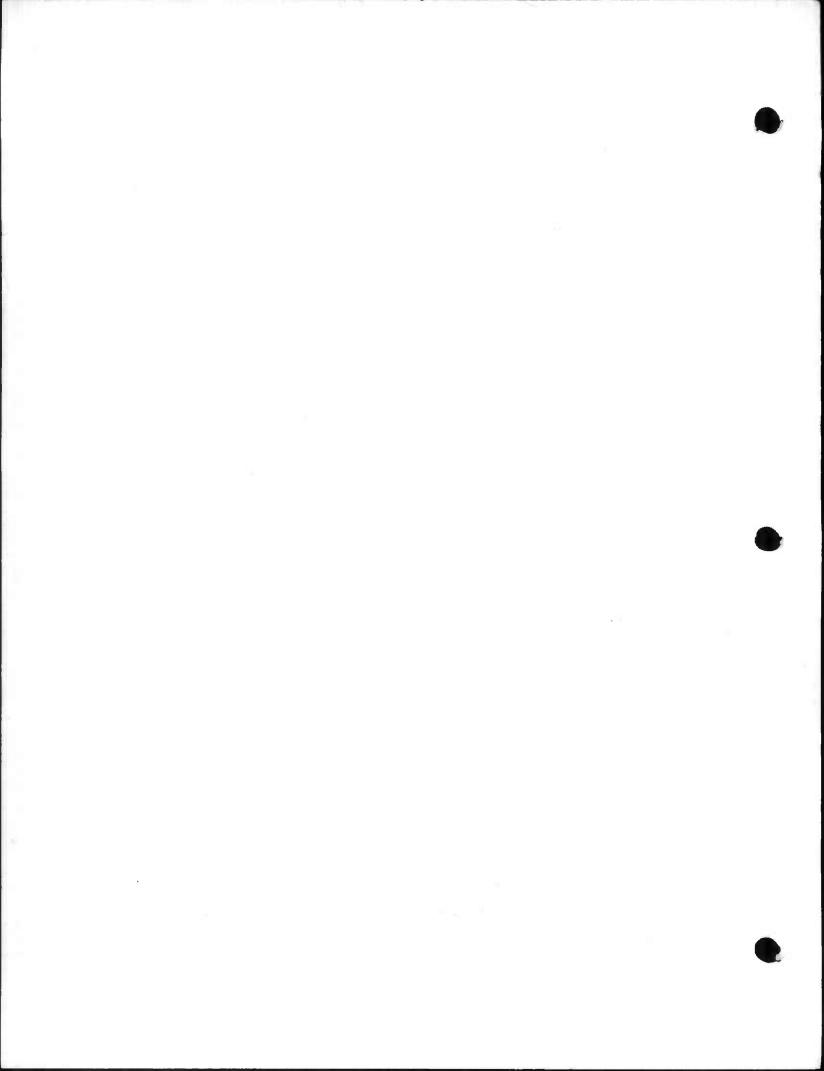
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		PARTMEN TIFICAT			MENTAL	HYGIENE				
3	1. DECEDENT'S NAME (First, Middle,	Last)						OF DEATH	/ YE		. TIME OF DEATH	
	ALLEN RO	BERT GREEN		1			MARC	H 15,1	996		12:00 рм	
		104000	(in yrs. lesi bir	res. IF UND	DAYS	HOURS MIN.	(Month	Dey, Year)		Country)	ACE (State or Foreign	
	214-16-2895 9a. FACILITY NAME (If not institution,		77	2211	Y, TOWN O	R LOCATION OF DE	Jun ATH	MD TH				
5	SACRED HEART HOSPITAL CUMBERLAND ALL									EGAI	YY	
HOLOSH	RESIDENCE OF DECEDER	OUNTY	10	10c. CITY, TOWN OR LOCATION						Ti	Od. INSIDE CITY	
		Allegany		Cumbe		LIMIT			LIMITS?			
- 16	10e. STREET AND NUMBER			101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY? USA		
NEHAL	802 Yale Street 21502											
5	11. MARITAL STATUS  1 Never Merried 2 Married		2 NO	1:	If yes, spi	ENDENT OF HISPAN	n, Puarto I		or No— 14.		- American Indian, White, atc.	
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		1 TYES	2 A NO Specifi	y:		Specify:	white		
3	15. DECEOENT' (Specify only highes	'S EDUCATION it grade completed)	(Give I	ENT'S USUAL	e durina mo.	N sl of working	16b.	KINO OF BUS	INESS/INDUST	'RY		
OMPLE	(Specify only highest grade completed)    College (1-4 or 5+)   College (1-4 or 5+)     12   Retired Baker Bakery											
N N	12 17. FATHER'S NAME (First, Middle, La	nst)	Re	tirea	baker	18. MOTHER'S NA	MF /First I			_		
- 1	Charles L.							e (Daw				
200	19a. INFORMANT'S NAME (Type/Prin	()	19b. M	AILINO ADDRE	SS (Street a	nd Number or Rural	Route Numb	oer, City or Town	, State, Zip Coo	(et		
-	Bertha L. Gr					et; Cumb	erla					
200. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE ANODATE OF OISPOSITION (Name of cemetery, crematory or other place)  Sunset Memorial Park  20c. LOCATION — City or Town, State  03/18 Cumberland, MD												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Sunset Memorial Park 03/18 Cultiberland, P1D  22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home											
	Dames	7 Account	01/	1-		pelli Fi erland,		1 Home 21502				
$\exists$	23. PART . Enter the disease	a, or complications that cause	d the death	. Do not ent					alory srrest	,	Approximate	
	shock, or heart fa	illure. List only one ceuse on e	ech line.								intarval Between Onset and Death	
	disease or condition resulting in deeth)  e. ACUTE RESPIRATORY FALURE  DUE TO (OR AS A CONSEQUENCE OF):											
	Sequentially list conditions, If any, leading to immediate  DUE TO (DR AS A CONSEQUENCE OF):											
RIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  out TO (OR AS A CONSEQUENCE OF):											
	that initiated events resulting in deeth) LAST	OUE TO (OR AS	A CONSEQUE	NCE OF):			,	Disc	FASC			
		d										
AL.	PART il. Other significent cor	nditions contributing to death			Underlying	ceuse given in	Part I.	PERFORMED? AVAILABLE PRIOR			WERE AUTOPSY FINDINGS	
		SENILE DE	MEN	TIP			-	1 TES 2	□ AO	(	COMPLETION OF CAUSE OF DEATH?	
Σ	DID TOBACCO USE C	ONTRIBUTE TO CAUSE (	DE DEATH	YES 14	NO F	UNCERTAI	-			1	TYES 2 NO	
H TSICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER?	ICAL		F DEATH (Che						_		
2	1 YES 2 NO	HOSPITAL:	patient 3 🗆	DOA 4   N		e 5 🗌 Realdenca	8 🗆 Othe	r (Specify)				
	27. MANNEB OF DEATH  1 Neturel 5 Pendin	28a. DATE OF INJURY (Month, Day, Year)	2	6b. TIME OF INJURY		RK?	28d. DE	CRIBE HOW II	JURY OCCUR	ED		
	2 Accident Investig	getion 26e. PLACE OF INJUR	Y — At home.	ferm, streat, f		YES 2 NO	26f, LOC	ATION (Street a	nd Number or i	Rural Ro	ute Number	
G I	4 Homicide 6 Could datarm	not be building, atc. (Spe	ecify)				City	or Town, State)				
OMPLE	290. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the beat of my know	wledge, daath	occurred at th	time, date	and place, end due	to the car	use(s) and man	ner as stated.			
2	nne)	XAMINER: On the basis of exemination								nuse(a)	and manner as stated.	
מב	29b. SIGNATURE AND TITLE OF CE	PATIFIER BAR	M.D			29c. LICENSE NU	MBER /		29d. DATE SI	GNEO (	Month, Day, Year)	
2	30 NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF O	,	7) (Tare C		D J 33	34		1715	Ma	11918	
		MAH; 205 JO	HNSON	HTS	MED	sung, c	UMB	ERUA-	D, MI	0	21502	
	DINESH B SHAH; 205 JOHNSON HTS MED BLOG, CUMBERUND, MD 21502,  31. DATE FILED MONTH DAY MAY 1996 JANA AND SHANTURE MARKET MED BLOG.											

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RECORDS,	
OF VITAL	
DIVISION	

CERTIFICATE OF DEATH REG NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 996 CHARLES GOSS R. MARCH 9:13 5 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR 7 DATE OF BIRTH IF UNDER 24 HRS. Sep 15, HOURS X M 2 D F DAYS 216-22-5917 65 YRS 1930 MD Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF GEATN 9c. COUNTY OF DEATH MEMORIAL HOSPITAL DIRECTOR ALLEGANY CUMBERLAND RESIDENCE OF DECEDENT 10h COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Allegany MD Cumberland X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-transit 14000 Louise Drive SW 21502 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Maxican, Puerto Ricen, etc.)

1 YES 24 NO Specify: Specify: BY Specify 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Soe Elementery/Secondary (0-12) College (1-4 or 5+) Sheet Metal Worker B & O Railroad 17. FATHER'S NAME (First, Middle, Last) 18, MOTNER'S NAME (First, Middle, Maiden Surname) H Elmer E. Goss Hallie E. (Lipscomb) H notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Geraldine Goss 14000 Louise Drive SW; Cumberland, MD 21502 pe 20s. METHOD OF DISPOSITION

1 Burlet 2 Cremetion 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must funeral director, Cumberland, MD Sunset Memorial Park 03/18 4 Donation 5 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Scarpelli Funeral Home hours after death. 21502 Cumberland, MD and completely filled in by the burial, cremation, or removal. 23. PARO I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate ahock, or heart fellure. List pnly one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition the ACUTE MYOCARDIAL INFARCTION ONE HOUR reaulting in deeth) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): executed to burial, CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if eny, leading to immediate attending physician 2 prior cause. Enter UNDERLYING certificate CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Mental in luny, the PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24h. WERE AUTOPSY FINDINGS theen signed by the pt. of Health and N. PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 YES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: certificate has ber h the State Dept. r 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Hem HOSPITAL OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Nome 5 Residence 6 Other (Specify) the or 27. MANNER OF CEATN 26e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? this c 26d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BΥ After death 2 Accident Investigation 3 Suicide 26e. PLACE OF INJURY — At home, term, atreet, tectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) TO THE HOSPITAL OR ATTENDIT TO THE FUNERAL DIRECTOR: An De filed within 72 hours after de IMPORTANT: If Item 28 is 1 after de 28 is 6 Could not be COMPLETED 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date end piece, and due to the ceuse(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE D14865 29d, DATE SIGNED (Month, Day, Year) Junes, MAR 12 1996 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CUMBERLAND MD 21502 MEMORIAL HOSP MEDICAL BLDG DR BARRERA 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 2 0 1996



BIRTHPLACE (State or Foreign Country)

Monroe, N.C.

Approximate interval Between Onset and Desth 3 days

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 | YES 2 X NO

3. TIME OF DEATH 6 35 A

REG. NO.

DAY

1976

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

Oct. 2,

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FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

577-34-5397

1. DECEDENT'S NAME (First, Middle, Last)

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	9a FACILITY NAME (If not institution, give stree	et and number)		9b. CITY, TO	WN OR LOCATION OF D	EATH	9c, COUNTY	OF DEATH
O. I	SOUTHERN MANY	HOD HOST	PITAL	C	YNTON		PRI	NCE GEONGE
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR L	OCATION			10d, INSIDE CITY
🖺	Maryland Princ	a Caaraaa				V11		LIMITS?
	10e. STREET AND NUMBER	e Georges		captor	Heights, I	naryland	T son CITIZEI	1 YES 2 □ NO
FUNERAL	A TOTAL CONTRACTOR	G			MADEL SAFE	716		
2	7008 Independent	2. WAS DECEDENT EVER IN	US ADMED	12 400	DECENDENT OF HISPA	746		ed States
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If ye	s, specify Cuban, Maxici YES 2 X NO Specif	en, Puerto Ricen, etc.)	88 OF NO 14	RACE — American Indian, Black, White, etc.  Specify: Black
	15. DECEDENT'S EDUCAT (Specify only highest grade con		16a. DECEDENT'S	S USUAL OCCU	PATION g most of working	16b. KIND OF B	USINESS/INDUS	TRY
COMPLET	T T	College (1-4 or 5 +)	Iffe. Do NOT L	ise retired.) Housewi		Pr	ivate	
O	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Meide	n Surname)	
EC	Roy Trull				No	ra Mungo		
m	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (St	reet and Number or Rural		wn, State, Zip Co	ode)
일	Ash Bennett Canno	n	7008	R Inder	endert St	reet Canit	ol Hot	s, MD 20743
	20a. METHOD OF DISPOSITION	20b.	PLACE AND DATE					y or Town, Stata
	1 Buriel 2 Cremetion 3 Ramova 4 Donation 5 Other (Specify)	al from State Come	Harmony		ial Park	3/11	Land	over, MD.
	21. SIGNATURE OF FYNERAL SERVICE LICEN	ISEE	LICE HOT		exander of			
	1 (Sley 5- )	be f	*					n, DC 20020
	23. PART I. Enter the diseases, or cor shock, or heart fallure. Lis	mplications that caused	the death. Do	not enter the	mode of dying, au	ch as cardiac or rea	piratory arrea	t, Approximate interval Between
	IMMEDIATE CAUSE (Final			-			+	Onset and Des
	disease or condition resulting in death)	HSK	ITA	110-	Put	e mou	ند	3 day
-1	•	DUE TO (OR AS		OF): . \	pties ner me	<u></u>		
2	Sequentially list conditions, b.	57	the entite	2/pik	-hrice			
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):		0.1		
2	CAUSE (Disease or injury	DUE TO (OR AS A	7/6/	De of	mer and	- Contract	-	
	that initiated events resulting in death) LAST	DUE TO JOH AS A		(-{CC.				
ני ו	d	Ca	pan	( )	2			
- 1	PART ii. Other significant conditions	contributing to death be	t not resulting	In the under	lying cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
DICAL	As	ma				1 YES		COMPLETION OF CAUSE DF DEATH?
ME								1 YES 2 X NO
	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	F DEATH Y	ES NC	UNCERTAI	N 🗆		
TIL SICIAIN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DE	ATH (Check only	one)			
	_/	HOSPITAL: ∬ Inpetient 2 □ ER/Outp	ntient 3 🗆 DOA	OTHER:	Home 5 - Residence	6 Other (Specify)		
	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 280	: INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCU	PED
	1 Natural 5 Pending 2 Accident Investigation	(month, Day, roal)			YES 2 ND			
- 1	3 Suicide 6 Could not be	26s. PLACE OF INJURY building, stc. (Spec	- At home, farm,	street, 1sctory,	office	261. LOCATION (Stree City or Town, Star		Rural Route Number,
	4 Homicide determined		.,,			Ony or rown, Star	0)	
	29a. CERTIFIER 1 SERTIFYING PHYSICIA	AN: To the best of my knowl	edge, death occur	rred at the time.	date and place, and du	to the cause(s) and m	anner as stated	
COMPLETICE	one)							:ause(a) and manner as stated.
- 1	29b. SIGNATURE AND TITLE OF CERTIFIER	^		- 1	29c. LICENSE NU			SIGNED (Month, Day, Year)
2 2	Dime	ale KWT	Femb	سارم	1019	225	▶3.	-6 -96
	30. NAME AND ADDRESS OF PERSON WHO O	ALA KT	TH (ITEM 27) (Typ	Print)	RINBA	CH M.	> 7503 Clint	Surratts Road on, MD 20735
	31. DATE FILED (Month, Day, Year)	7. REGISTRAR'S SIGNA	The state of					,
- 1	PRINT AND THE	#1#						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HEPLER

8. AGE (In yrs. last birthday) 77 YRS.

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DHMH-16 Rev 1/89

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physiclan** Month Yeer Hamilton W DOME 30 96 0 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** Hospi Sitie Cros. WD If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Dete of Birth (Month, Dey, 9. Birthpiece (Stell or Foreign Country) 6. Sex 7. Age (In yrs. lest birthday) **Funeral** Months Deys Hours 1 M 2 SF 43 Yrs Director 577-70-8779 Mar 27 1952 Washington, DC Usuel Rasidence of Decedent 10 0/102 10e. Stete 10b. County 10c. City, Town or Location show 10d. inside City Limits if is marked other than "natural", or items 23s or 28s-f show treumstic event, the Medical Examiner must be notified at Prince Georges Fort Washington, Maryland 1 TYes 2 □ No Directo Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2304 Rosecroft Blvd 20744 United States Funeral 12. Was Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after begaring and of Heelth and Mental Hyglene. Important: If Item 27 is marked other than "natural", or item any injury or other traumetic event, the Medical Examina 1 Never Merried 2 Married 1 Yes 2 No If Yes, Give X Yeer or Detes: Baltimore, Maryland 21215-0020 1□ Yes 2□No Specify: **Black** by 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Cosmetologist Beautician 18. Mother's Neme (First, Middle, Melden Sumeme) 17. Fether's Nema (First, Middle, Last) Be To Milton K. Whittington Fannie McCormick 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2304 Rosecroft Blvd Fort Washington, MD 20744 Paul G. Hamilton, Sr/Husband 20e. Mathod of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Dete 1 ☑ Buriei 2 ☐ Cremetion 3 ☐ Removei from Stete 3/13 Harmony Memorial Park Landover, MD. 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signature of Funeral Service Libersee 22. Neme end Address of Fecility Alexander S. Pope Funeral Homes 2617 Penn Ave SE Washington DC 20020 idations the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete intervel Between Onset end Deeth **Physician** /Medical Immediate Causa (Finel Nervous disease or condition resulting in deeth) Examiner Due to (or as e consequence of): Dua to (oran a consequence of): ician and buriel-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disaese or injury that initieted evants resulting in death) Last physician as the burief P.O. Box 68760, 515 Physician/Medical Due to (or es e consequence of): attending ( been signed by the should be detached Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Anenia Division of Vital Records. þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy performed? 1 Yes 2 Ad certificate 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: "
within 24 hours effer death.

To the Funeral Director: Affer this certifica completely filled in by the funeral director; p 25. Wes case referred to medical Be 28. Place of Deeth (Check only one) Hospitel: 1 Impatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Dascribe how injury occurred 28b. Time of 28c. injury at Work? 1 Waturei 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be datemined 28a. Place of injury - At homa, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide 1 Deftifying Physician: To tha best of my knowledge, deeth occurred et the tima, deta end piece, end due to tha ceusa(s) end menner as stated.
2 Medical Examiner: On tha basis of examination and/or investigation, in my opinion, deeth occurred et tha tima, data and piace, and due to the cause(s) and menner steted. 29e. Certifian Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (ttem 23a) (Type, Print) N. Capital

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**DHMH 16 Rev 6/95** 

State

Registrar

31. Dete filed (Month, Day, Year)

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State of Maryland / Department of Health and Mental Hygiene

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The law requires that the death certificate be executed pue Division of Vital Records, P.O. Box 68760, ding physiclan the signed by t certificate has After this death. in by the

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** DAISY BEATRICE 08,1996 11:15PM MARCH HARDING /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince George's Hospital Prince George's Cheverly If Under 24 Hrs. B. Date of Birth (Month, Day, Year) Oct. 7,1917 5. Social Security Number If Under 1 Year 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign **Funeral** 1□ M ŽŤF Months Days Yrs. 78 Director Virginia 578 18 5346 Usual Residence of Deceden the Maryland 10a State 10b Counts 10c. City. Town or Location 10d. Inside City Limits 28a-f show r then "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Mayes 2 No Director Prince George's Maryland Cheverly 10e. Street and Number 10f. Zlp Code 10g, Citizen of What Country? permit. Peges 1 and 2 should be filed within 72 hours after death with 1 Department of Health end Mental Hygiene. I important: If tiem 27 is merked other than "natural", or itema 23a or 2 any injury or other traumatic event. 2343 Belleview Ave. 20785 United States Funeral 14. Raca - American Indian, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2€TNo If Yes, Give 11. Manital Status Was Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 3 ☐ No Specify: þ Specify 3 Widowed 4 □ Divorced Year or Dates White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decadent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) 8 Homemaker Own Home 17. Father's Name (First, Middle | Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be William E. Carroll Lottie Small 2 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2343 Belleview Ave. Cheverly Maryland Catherine Ptomey Daughter 20b. Place of Disposition (Name of cemetery, crematory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremation 3 □ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Cedar Hill Cemetery 3/12/96 Suitland Maryland 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility
Robert E. Evans Funeral Home, P.A. burns Ma 16000 Annapolis Rd. Bowie Md. 20715 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** immediate Cause (Finai disease or condition resulting in deeth) Examiner Examine Iraku aneman Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that Initieted events resulting in deeth) Lest psi Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 M Unknown þ 24b. Were eutopsy findings available prior to Completed 24e. Was an autopsy completion of cause of death? 1 ☐ Yes No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: Be 25. Was case referred to medical 26. Piace of Deeth (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death Medical Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred DE Natural 5 Pending 1 Yes 2 No investigation 2 Accident thin 24 hours after death the Funeral Director: , mpletaly filed in by the 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, Ierm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 🞾 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner steted. 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30, Name end address of person who completed cause of deeth (Item 23e) (Type, Print) Poochirian M.D. 5632 Annapolis Road Bladensburg Maryland 31. Date filed (Month, Day, Year) . Registrar's Signatur State MAR 13 199 Registrar

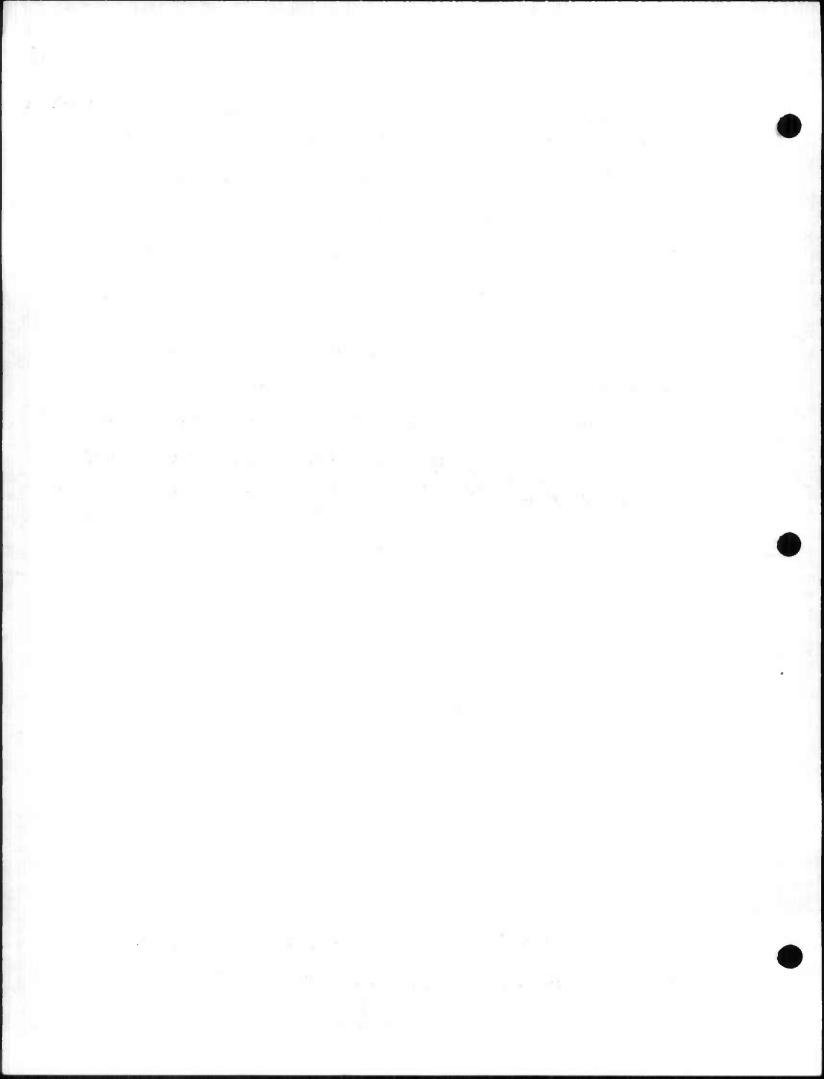
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate of	Death		F	leg. No.			
	Dhunia		1. Decedent's Neme (First, Middle, L.	est)						2. Dete of Dea Month	th Day	Yeer	3. Time of Deat	h
	Physic /Medi		VIRGINIA	ENGL	ISH HIN	IERMA	N			MARCH	5, 19	_	3:45 /	44
3	Examir		4a. Facility Neme (If not institution, gi		mber)			4b. City, To	wn, or Lo	cation of Deeth	4c. Count			
			Prince George's	Hospita	1			Che	verl	У	Princ	e Geo	orge's	
	Funeral				7. Age (In yrs. last	birthdey)	If Under 1 Yea		24 Hrs.	8. Date of Birth (Month, De)	1	9. Birthp	place (State or Fore	eign
	Director		039 18 5473	1□ M 2⊠ F	67	Yrs.	Months Days	s Hours	Min.	June 2	, Year)	Rhode	e Island	
			Usual Residence of Decedent		- 07				ł	ounc 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Miode	: ISLANG	
	ylen		10a. State 10b. County		10c. City, To	own or Lo	cation					1	Od. Inside City Lim	nits
	Mar Fe F	to	Maryland Prince (	oorgo!o	Bowi								X⊠Yes 2□	No
	the the	Director	10e. Street end Number	eorge s	DOWI		10f. Zip Code	y .			log. Citizen of	What Cour	ntry?	
	With Man		15608 Passaie La	n 0			2071	16			United		•	
	be filed within 72 hours efter death with the Maryland itel Hyglere. d other than "natural", or items 23s or 28s-f show event, the Medical Exeminer must be notified at	Funeral	11. Marital Status	7	dent Ever in U.S.	12 1			lain? (Cae	noith. Von as No		e - Americ		
	H men	n n		Armed For	rces?	13. 1	Vas Decedent of Yes, specify Cu	ban, Mexical	n, Puerto	Rican, etc.)	Ble	ck, White,		
20	8 6	by F	1 Never Married 2 Married 3 Widowed 4 Divorced	1 Tes If Yes, Giv Yeer or De	9	1	☐ Yes 2[7] No	Specify:			Specif	y: TT1. 4		
21215-0020	hour in a	D.	AA									Whi		
5	72	Completed	15. Decedent's E (Specify only highest gr	ade completed)	11	(Give	lent's Usuel Occu kind of work don DO NOT use retir	upation e <i>during m</i> os	at of worki	ng	16b. Kind of B	usiness/in	Justry	
12	filed within Hyglene. ther than out, the Me	E D	Elamentary/Secondery (0-12)	College (1	-4or 5+)							055:		
2	Hygle Hygle ther t		42 February Manual (Florida )	2		Lega	1 Secre		I STATE OF	477 - A 41 - 44		Offic	:e	
Ĕ	be fi	Be	17. Father's Nama (First, Middle, Las	•						(First, Middle,		ne)		
× 3	s should be filed and Mentel Hygi s marked other surratic event,	2	Ralph G. English					Ma	rjor:	ie Sutc	liffe			
Maryland			19a. Informant's Name/Relationship				g Addrass (Stree						_	
	G = 00 =		Carole E. Twombly	7 Sis	ter	1560	8 Passa:	ie Lan	e Bo	wie Mar	yland	20716	>	
re	of Heel Item 2 other		20e. Mathod of Disposition			of Dispos	sition (Neme of netory or other pl	ace)		Date	20c. Location	- City or To	wn, State	
Baltimore,	permit. Peges Department of I Important: If ite eny Injury or of		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci		State		tan Crei		Mar	6.199	6 A1	exand	dria Va.	
Ħ	ortan		21. Signature of Funeral Service Lice		11001		. Name and Add			. 0,177	0			-
ä	permit. Departments Imports eny Injk		Reduct &	8		R	obert E	. Evan	s Fu	neral H	ome. P.	Α.		
			23a. Pert1. Enter the disaase, or con shock, or heert failure. List only		ms 1	700.1	6000 An	napoli	s Rd	. Bowie	Md. 20	715		
			shock, or heert failure. List only	one ceuse on e	aused the death. L ach line.	o not ente	er the mode of dy	/ing, such as	cerdiec o	r respiratory en	est,	1	Approximate interval Between	
	Physician											1	Onset end Death	
1	/Medical Examiner		Immediata Cause (Final disease or condition rasulting in death)	a. R	Capirche	·	tolle	18					1 han	
п		<u>_</u>	rasaking in obatily		Due to (or es	a consaq	uance of):							
	pa ti	Examiner		b. Ch	wis .	abs	trucha	1	(D)	c/1510	حم ی-	1		
	certificate be executed ding physician and ise as the burial-transit	хап	Saquentielly list conditions, if any, laading to immediate cause. Enter Underlying		Due to (or as	a consequ	uance of):							
30,	sian vurial		cause. Enter Underlying Cause (Disease or Injury	•					_			1		
68760,	hysic the t	VMedical	thet Initiated avants resulting in death) Lest	0.	Dua to (or as	a consequ	uence of):							
	certific ding p	Mec										1		
Вох		any		d								+		
	0 0 0	Physiciar	Part II. Other significant conditiona	contributing to de	ath but not resulting	g in the un	nderlying cause g	iven in Part	l.	23b. Did t	obacco use co	entribute to	the cause of dea	ath?
0.0	4 60	h								10)	(ee 2□ No	3 TLPfol	bably 4□Unkn	own
	es that	by F	histy could	1/ 19.	scula	5	Culdar	+					,	
Ď	uire:		,							24e. Was a	an eutopsy	24b. W	ere autopsy finding	gs
00	- D 0	lete								perfor	med?	co	allable prior to impletion of cause	
Se	has has	Completed										Of	death?	
<u></u>	cate ha			7		- 0				1 🗆 Y	es 2 No	1 [	Yes 2 No	
of Vital Records,	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical axaminer?	Hospital:					e of Daath	(Check only or	16)			
o	5 0 0	2	1 Yes 2 No	161		Outpatiant	3LI DOA		7	na 5□ Rasid			y)	
Ē	Jing P. After funer	on:	27. Manner of Death 1 ☑ Natural 5 ☑ Pending	26a. Dete d (Monti	h, Dey Year)	o. Time of Injury	28c. Inj			28d. Describe h	ow Injury occur	rred		
Sio	Attending or deeth.  actor: After by the fune	catl	2 Accident Investigation 3 Suicide 6 Could not be				M 1[	Yes 2	No					
Division	or Attendent efter deet Director:	Certification:	4 Homicida determined	288. Piece	of Injury - At home, ng, etc. (Specify)	farm, stre	et, factory, office	•	1	28f. Location (S City or Tow		ber or Rura	al Route Number,	
	ital les la led i	Ce												
	Hospital 24 hours Funeral I stely filled	edical	29a. Cartifier 1 Certifying Pl	nysician: To tha	best of my knowled sis of examination	iga, deeth	occurred at the	time, data an	d place, a	and due to the o	euse(s) end m	anner as si	tated.	
	To the Mospital or Attending Ph within 24 hours efter deeth. To the Funeral Director: After th completely filled in by the funeral		one)	and menn	er stated.	MIN OF HIV			an occurre	ou at the time, C	ate enu piace,	and 000 (C	rule cause(S)	
	To the Within 2 To the comple	Σ	29b. Signature end title of certifier				29c. Licer	nse number		2	29d. Date signe	d (Month,	Dey, Year)	
	0		(hul)	la no	2		03	4403			3/5/	6-		
	(0)		30. Name end address of person who	complated cause	e of deeth (Item 23a	a) (Type, F	Delet)				-,0,,			
	9		Andron Dobin	~ (	211	150	orrier c	/	1-1	Re.	~	2/-	715	
	Sta	te	31. Date filed (Month, Dey, Year)	39 Re	egistrar's Signatura	74	-1. /6/	210	-/-0	30-1	170	4.7	~	
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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

		_					Cer	tiricat	e or	Death			Reg. No.			
· V	Physic /Medi	cal	Decedent's Neme (First, Mid  Leroy  4e. Fecility Neme (If not institution)		8					4h Ciba Tau		2. Dete of De Month Marci	Dey 2 8	19	96	2:45 AM
	Exami	ner	2609 S.Mar.							New W		ocation of Deat	4c.	County of Do Carrol	ath 1	
	Funeral Director		5. Sociel Security Number 180-03-2350	6. Sex 1 Ø M 2 □ F	7. Ag	e (In yrs. lest birti	hday) (rs.	If Under Months			Min.	8. Dete of Bir (Month, De Aug. 5,	th by, Year) 1912	9. 6	Birthpiece Country) MD	e (Stete or Foreign
	Meryland I-f ehow	tor	Usuel Residence of Decedent  10e. Stete 10b. Count  PA Adam	•		10c. City, Town										Inside City Limits 1 ☑ Yes 2 ☐ No
	3a or 28a st be not	ai Direc	10e. Street and Number 19 Rita Marie	Ave.				10f. Zip	Code 340				10g. Citiz	zen of What JSA	Country?	
020	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mentel Hyglene. Important: if Item 27 is marked other than "natures", or items 23s or 28s-f show simplying or other traumatic event, the Medical Examiner must be notified at ARRE.	by Funeral Director	11. Maritel Stetus  1 Never Merried 2 Me 3 Widowed 4 Divorce	H Vac G	2 1			/es Deced Yes, spec			jin? (Sp , Puerto	ecify Yes or No Rican, etc.)		14. Rece - A Bleck, W Specify: W	hite, etc.	
Maryland 21215-0020	Jwithin 72 ho plene. r than "natur the Medical	Completed	15. Decede (Specify only high Elementery/Secondery (0-12)	ent's Education est grade completed Coilege			(Give k life. D	O NOT u	rk done se retire	during most		ing		nd of Busine		ry
/land	pemit. Peges 1 and 2 should be filed within Department of Health and Mentel Hygiene. Important: if item 27 is marked other than any injury or other traumatic event, the MORS.	To Be C	17. Fether's Neme (First, Middle Hollie Helwis	1.35							r's Nam	e (First, Middle Ontz	, Meiden	Sumeme)		
	end 2 sho ealth and I n 27 is me		19e. Informant's Neme/Reletion Barbara Helv			26	509	S.Ma	rst	on Rd.		e/ <i>Rou</i> re Numb ew Wind			776	de)
Baltimore,	ment of H lant: If her jury or oth		20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (	Specify)	n Stete	20b. Plece of cometer,		ition (Ner etory or o nel C				Dete 3/11/96		cation - City tlesto		
Bal	Depart Import any in		21. Signeture of Fundat Service	nd Wi	ul	e ()				.H.34		le Ave.	Litt!	lestow	m, PA	17340
	Physician /Medical		23a. Pert f. Enter the disease, of ehock, or heart feilure. List timmediete Cause (Final disease or condition	st only one ceuse on	eech iir	10.					cardiec	or respiretory a	rrest,		On	proximate ervel Between aset end Deeth
	Examiner	ner	resulting in deeth)	e/	Uth	Due to (or as a c	onsequ	ience of):	00.							Years
ox 68760,	h certificete be executed anding physician and use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted avants resulting in deeth) Last	d		Dua to (or es e co	onsequ	ence of):								
O. B	thet the deeth ed by the etter deteched for	Physicia	Pert II. Other significant condit				the und	derlying c	ausa gi	ven in Part I.						e cause of death?
ds, P.	8 6 8	þ	Major D	epuestion											Probabl	
Records,	hes been s ge 2 should	Completed	Dehydu	epression atom, Ac Infact 1	ute	- V						perfo	an eutop omed?		sveilat comple of deet	
Ital	ysician: The last certificate he director, page	Be Co	25. Wes case referred to medic examiner?		jem	enra				28. Piece	of Deet	h (Check oply		No	1 □ Ye	es 20 No
n of Vital	€ 5 €	10	1 Yes 2 No  27. Manper of Deeth 1 Neturel 5 Pend	28a. Date (Moi	inpatie of Injur nth, Day	y 28b. Ti			Bc. Inju Wo			ome 5 Resi 28d. Describe		Other (S	pecify)	
Division	or Attendent offer deetl Director: In by the	Certification:	3 Suicide 6 □ Couid	mined 289. Plec	e of Injuding, etc	ry - At home, fen . (Specify)	m, stre	M et, fectory		Yes 2□N	10	28f. Location ( City or To			Rural Ro	oute Number,
	To the Hospital or Attending within 24 hours effer deeth.  To the Funeral Director: Affei completely filled in by the fune	edical	29e. Certifiar (Check only one)	ing Physician: To the I Examiner: On the b and mar	besis of	axamination and	deeth (	occurred estigetion,	et the ti	me, dete and opinion, deet	l place, h occurr	and due to the red et the time,	cause(s) dete end	end menner place, and d	es steted	d. e cause(s)
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			30. Nema end eddress of person		_	eth (Itam 23a) (T	Type, P	rint)	m	MD	2	1157				
	Sta	ite	31. Dete filed (Month, Day, Year MAR	1 2 1000	Registre	r's Signeture	0									



### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					C	ertificate of	Death		Reg	g. No.			•
			1. Decedent's Neme (First, Middle, Las.	()					of Deeth			3. Time of	Deeth
н	Physic		Elmer Alexande	er Christi	ian Hi	ghhouse		Mar		12	1996	5:30	РМ
	_/Medi		4e. Fecility Neme (If not institution, give		ran 113	gimouse	4h City Tow	n, or Location o				3.30	111
A	Exami	ner							D0001	4c. County		4 -1	
			Homewood Retireme				Frede			1	reder		
	Funeral		5. Sociei Security Number 6. Se	9x 7. Age (In ☑ M 2 ☐ F	yrs. lest birthde	y) If Under 1 Yee Months Deys		Min. 8. Dete	of Birth	(ear)	9. Birthpi	ace (Stete o	r Foreign
	Director		213-09-7230	ZM ZUF	94 Yrs.			Sep	t.22,	1901	Penn.	sylvan	iia
	D		Usuel Residence of Decedent										
	ylan		10e. Stete 10b. County		c. City, Town or						10	Dd. tnside Cit	ly Limits
	Me -	Ö	Maryland   Frederic	ck	Frede	erick						1 🗷 Yes	2□No
	the 28s	Director	10a. Street end Number			10f. Zlp Code			10	. Citizen of V	What Coup	In 12	
	F O	ā	21 11 D : 1 1	a.			01701		10			uy:	
	ath 23	ra	31 W. Patrick S				21701			U.S			
	72 hours effer death with the Meryland natural, or items 23s or 28s-f show dost Examiner must be notified at	Funeral	11. Maritel Stetus	12. Wes Decedent Ever Armed Forcas?	In U,S.	<ol><li>Was Decedent of if Yes, specify Cul</li></ol>	Hispanic Origi ban, Mexican,	n? (Specify Yes Puerto Rican, e	s or No-		e - America k, White, o		
0	or h		1 Never Merried 2 Merried	1 ☐ Yes 2 🖾 No If Yes, Give		1 ☐ Yes 2 ☒ No							
0	Sur Figure	b	3 ☑ Widowed 4 ☐ Divorced	Yeer or Detes:		12 103 220110	opecity.			Specify	. 1	hite	
0-0	2 ho	Completed	15. Decedent's Edu		16e. De	edent's Usuel Occu	petion	W. C. Linkson	10	6b. Kind of B	usiness/Ind	lustry	
21	ole a	D e	(Specify only highest grad		life	ve kind of work done  DO NOT use retire	e during most ( ed)	of working					
7	A P	E	Elementery/Secondery (0-12)	College (1-4or 5+)	9	glass blow	wer			Federa	1 gov	ernme	nt
ס	H H H	O	17. Fether's Neme (First, Middle, Last)		-	,		s Name (First, i					
an	ed la pos	Be		house				uise Di			, 0,		
3	Me Me	P											
Maryland 21215-0020	2 sh and ls rr		19e. Informent's Neme/Relationship (T)	ype, Print)	19b. Me	iling Address (Stree	et end Number	or Rural Route	Number,	City or Town,	Stete, Zip	Code)	
-	alith 127 er tr		Mary Jane Harris		102	Liberty 1	Rd.	Woodst	oro,	MD 21	798		
re	P H H		20a. Method of Disposition		Ob. Piece of Dis	position (Name of remetory or other pl	oco)	Dete	20	c. Location -	City or To	wn, State	
Ju C	ant of		1 X Burial 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)					3/15/	06 1	rodor	ole	MD	
Ē	Trans.		21. Signature of Funeral Service Licens		rit. OII	vet Cemet		5/15/	90 1	reder	LCK,	עויו	
Baltimore,	permit. Peges 1 end 2 should be filed within 72 hours efter death with the Merylan Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at once.		21. Signatur of Popular Service Locals	カヘ/カ	0 /	22. Name end Addi	ress of Fecility	D.D. H	artz]	er & S	Sons		
	44744		atharine (	y. Alary	ar	W	oodsbo	ro. MD					
			23a. Part1. Enter the disease, or complished, or heert feilure. List only o	lications that caused me	deeth. Do not e				atory erres	it,		Approximete	Ð
Ň.	Physician		STOCK, OF HEER TERRORS. LIST ONLY O	He couse on equit min								Onset end D	
р.	/Medical		Immediate Cause (Final		0 -		^		0		1		
	Examiner		disease or condition resulting in deeth)	θ		MONIA (	LEFT L	ower L	OBE)			487	4
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	bed is	Examiner		b									
	certificate be executed ding physician end se as the buriel-trensit	xan	Sequentially list conditions, if eny, leeding to immediate	Due	to (or es e cons	equence of):							
Š,	e e		cause. Enter Underlying Cause (Diseese or Injury								- 1		
68760,	nysic he b	edical	that initiated events resulting in deeth) Last	C. Due	to (or es a cons	equence of):			-		-		
9	of pl	9	resulting in deetily East								į		
X	E 2	N/M		d									
n	deeth c	cla	D - 11 OH - 1 - 11										
o	lres that the deeth signed by the atte d be detached for	Physician	Pert It. Other significant conditions con	atributing to death but not	t resulting in the	underlying ceuse g	iven in Pert I.	23	b. Did tob	acco use co	ntribute to	the cause o	it death?
ď	lew requires that the as been signed by th 12 should be detache	윤	DIS	MENTIL					1 🗆 Yee	20 NO	3 Prob	ably 4 🗆	Unknown
Division of Vital Records,	S S S	þ											
2	v require been si should	pe	CI	HF				246	. Wes en			re eutopsy fi	
ပ္က	aw re is be	Completed		7.7					pononin		cor	npletion of co	ause
ř	The lev ate has paga 2	E							4 🗆 V.	2			2
Ø	icat		25 111						1 🗆 Yes		1	Yes 2DK	NO
5	Physician: The I r this certificate he aral director, paga	B	25. Wes case referred to medical exeminer?	Hospital				of Deeth (Check					
5	Physic this o	P	TO THE ZELINO	Hospitel: 1   inpatient	2 ☐ ER/Outpat	ent 3 DOA	ner: Nurs	Ing Home 5	Residen	ce 6 □Oth	er (Specify	)	
_	ding P. h. After t funera	ü	27. Menner of Deeth 1 ☑ Naturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Yea	28b. Time Injury	of 28c. Inju	ury et ork?			Injury occur			
0	death. ctor: Al y the fu	atic	2 Accident investigation		,,,		Yes 2□N	0					
25	l or Attending after death. Director: After I in by the fune	₹ 	3 ☐ Sulcide 6 ☐ Could not be determined	288. Piece of Injury -	At home, ferm,	street, fectory, office				et end Numb	er or Rura	Route Numi	ber,
5	7570	Certification:	4 Homicide	building, etc. (Sp	oecify)			City	or Town,	Stete)			
	To the Hospital of within 24 hours at Yoursel Doubletal Doubletal yilled it		29e. Certifier 1 Certifying Phys	etcien: To the heat of	knowledge d	oth conversed - 1 th -	lma data := *	place and d	to the			-to-d	
	Hog Fun taly	edical	(Check only Z Medical Exami	atcian: To the best of my ner: On the besis of exer	minetion end/or	ern occurred at the t Investigation, in my	ime, date end opinion, deeth	occurred et the	to the cau	se(s) end ma e end pleca,	nner as sta end due to	the ceuse(s)	)
	hin i	Med	0,10,	end menner steted.									
	To To Co		29b. Signeture end upper of certified				se number		290	Date signer	(Month, L	Day, Year)	
				1/1 mg	)	123	2171			3/	3	16	
			30. Neme and eddress of person who co	ompleted cause of deeth	/(Item 23a) /Tvn					- ]	1	10	
	_						- 10		- 2	F 02.			
		•	31. Date filed (Month, Day, Year)	32 Registrar's S	BON 3	& WA	WERS !	11 UE M	A) 5	7.1.7			
	Sta	te	31. Date filed (Month, Day, Year)	ic de de	A. O	14							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nous after death. Page 6 may be retained by the bospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 buris after death with the State Degit, of Health and Memial Hygiers port to burial-transit permit. Pages 1, 2, 3 should be filled within 72 buris after death with the State Degit, of Health and Memial Hygiers port to burial-transit permit. Pages 1, 2, 3 should be admitted as a second on the state of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAF

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	1. DECEDENT'S NAME (First,	Adiotolia I madi			OLITTI	IOAII	- 01	DLA		L		
	Sherma	n A.	Harris							March 10	, 19	3. TIME OF DEATH 96 5:45 Pm.
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yra	last birthday)	IF UNDER		IF UNDER	7	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	410-18-707	9	№ M 2   F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	Ocharm Day Year) 1	912	Country) Tennessee
	Se. FACILITY NAME (If not ins	titution, give s	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE			INTY OF DEATH
Œ	Medpointe	Cont	inuing	Care				, Ma			Cec	
DIRECTOR	RESIDENCE OF DEC	EDENT										
Ĭ I	10e. STATE	10b. COUNTY	•		10c. CIT	Y, TOWN	OR LOCA	TION	14 1			10d. tNSIDE CITY LIMITS?
5	Maryland	Ceci	Ŧ		- Cr	iesa	pea	ke (	city			1 X YES 2 NO
4	10e. STREET AND NUMBER	-						f. ZIP COD				IZEN OF WHAT COUNTRY?
FUNERAL	106 Biddle	Str	eet				2	1915	5		U.	.S.A.
5	11. MARITAL STATUS		12. WAS DECEDEN							NIC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian,
-	1 Never Married 2   1		IF YES, DIVE V	YES 2	₫NO			ecify Cubi		n, Puerto Rican, etc.)		Black, White, etc. Specify: White
0	3 X Widowed 4 Divon	ced										
ᆲ	15. DECE (Specify only	DENT'S EDU- highest grade	CATION completed)	16a.	Give kind of				na	16b. KIND OF BU	SINESS/INI	DUSTRY
4	Elementary/Secondary (0-		College (1-4 or 5	+)	Iffe. Do NOT us	se retired.)				Auto		
1	8th			C	hrysl	er	Cor	р.				
COMPLETED	17. FATHER'S NAME (First, Mic									ME (First, Middle, Melden		
DE L	Joe Harr							Mag	gre	Shumake		
	19a. INFORMANT'S NAME (Ty									Route Number, City or Tow		
	William Ha	rris			P.O.	Box	49	T C	cil	ton Md.	219.	1.5
	20a. METHOD OF DISPOSITION TO Burlet 2 ☐ Cremetion		oval from State		CE AND DATE							City or Town, State
	4 Donation 6 Other		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	St.	Ster	hen	s C	emet	ery	14,96 Ea	rlev	ville Md.
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	22 DART I Enter the die	////	marie	UNI		1				- 巨土にも	on,	Md.
	23. PART I. Enter the dis	art fallure.	List only one cau	ise on each	lina.	not anter	tne mo	pae or ay	ing, suc	h aa cardlac or reap	iratory ar	Test, Approximata Interval Between
	IMMEDIATE CAUSE (Fine disease or condition		1 > .		t 3							Onset and Dea
	resulting in death)	<b>&gt;</b>	· ATIZI	AL	-180	16	477	UN	, 0	HOWIC		Cours
			DUE TO	(OR AS A CON	ISEQUENCE O	F):		h-		0 (14)	1 . 1 .	(
5	Sequentially list condition	ona,	b. CON C	TOP AS A COM	DE H	John,	117	TA	Lu	no, CHI	UNI	ic ens
CERTIFICATION	If any, leading to immed cause. Enter UNDERLYIN	late VG	AN TO	0108	1110	5776	CA	211	OUM	scuun b	160	40 C. 1415
	CAUSE (Disease or Injur that initiated events	y \$	DUE TO	(DR AS A CON	SEDUENCE O	F):	U	1-000	D D M -	scalar o	2021	134. (3 200)
	resulting in death) LAST			4454								346668
		-	d. Evy	01700	- 000							0-10-0
1	PART II. Other algnificer	condition	na contributing to	death but no	ot resulting	In the u	ndarlyin	g cause	given in	Part I. 24a. WAS AN		246. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
EDICAL										1 TYES 2		COMPLETION OF CAUSE OF DEATH?
											,	1 YES 2 NO
THI SICIAIN.	25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE DF D	EATH (Ch	eck only one)		
2	EXAMINER?  1 YES 2 NO	12:00	HOSPITAL:	ER/Outpatien	3 DOA	OTHER	R:	The Prince		6 Other (Specify)		
	27. MANNER OF DEATH		26e. OATE DE	INJURY	26b. TIN	E OF	28c. IN.	JURY AT	PRICE	26d. OEŞCRIBE NOW	NJURY OC	CURED
		ending	(Month, E		IN.	URY M	WC	YES 2	ND.	33. 12.3.102.11011		
	a Contaction	rvestigation	28e. PLACE C	OF INJURY — A	t home, term	street, fac				281, LOCATION (Street	and Numbe	or or Rural Route Number,
		could not be etermined	building,	etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,		, 01110	-		City or Town, State;	- /u · · · · · · ·	
	290. CERTIFIER	1.00										
COUNT LEVEL	(Check only									to the cause(e) end ma		
	2   MEDIC	AL EXAMINE	:H: On the basis of s	xamination end	/or investigation	on, In my	opinion, o	death occu	red at the	time, date end place, er	d due to t	he cause(e) and manner so stated
	296. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LIC	ENSE NU	MBER	29d. DAT	TE SIGNED (Month, Day, Year)
	Herri	as	no					0	070	463	•	3-11-96
2	30. NAME AND ADDRESS OF	PERSON WH	ID COMPLETED CAU	SE OF DEATH (								
	Valala	11.1-	COLA	1/ . 17	1 04		1	1	1/2/	, mr		
	NOLHNDO	NMA	1814	110/1	1011	6.61		61	K41	) NI /11/1.		
	31. DATE FILEO (Month, Day, Y	<b>2</b> 199	32. REGISTRA	AR'S SIGNATUR	E	6.61		El	KTO	ON MIN.		



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

8010 89

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtificate o	f Death		Reg. No.		0310
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Physici /Medic		BRIAN		LI	EE		HENDF	RICKS	Month MARCH	Day 1 1	Year 996	2150PI
Examin		4a. Facility Neme (If not institu	ition, giv				TILLIADI		own, or Location of Dec			
		14185 ROBEY	DB	TVF				ULICUE	CUTTE	CUADI	r rac	COLUMNIA
Funeral		5. Social Security Number		Sax	7. Aga (In yrs.	lest birthday	If Undar 1 Yes	ar If Under	ESVILLE 124 Hrs. 8. Data of B	leth		COUNTY
Director		579-92-0029		XXM 2 F	34	Yrs.	Months Dey	s Hours	Min. (Month, I	0, Year) 1961	CAL	hpieca (Stata or Fore untry) IFORNIA
77		Usuel Rasidance of Decedent					1		OUNT OF	3, 1301	UNL	TIONNIA
72 hours after death with the Maryland natural, or frams 23a or 28a-f show oreal Examinar must be invitind at		10a. State 10b. Cou	nty		10c. Ci	ity, Town or Lo	ocation					10d. Inside City Lim
Mar Fe t	ठ्	MARYLAND CI	IARL	ES		HUGHE	SVILLE					1 □ Yes 2 🕽
28a-f	Directo	10e. Street and Number					10f. Zip Coda	1		10g. Citizan of	What Co	untry?
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Pa 2	Funeral	11. Marital Stetus	110		edent Ever in U	J.S. 13			igin? (Specify Yes or N			rican indian.
Harms Harms	5	XXVavar Married 2 N	larried	Armed F	orces? 2 <b>XX</b> No	10.	If Yas, specify Cu	ban, Mexica	n, Puerto Rican, atc.)	Ble	ick, White	
S	by I	3 □ Widowed 4 □ Divore		If Yes, G	ive		1 ☐ Yas 2XXV	o Specify:		Specia	fy:	WHITE
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DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020  BALTIMORE, MARYLAND 21215-0020  BALTIMORE, MARYLAND 21215-0020
IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
LUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hourscater death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
. 0	DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

1. DECEDENT'S NAME (First, Middle, Li	st)						2. DATE OF	DEATH	av .	YEAR	3. TIME OF DEATH
Clarence Wilm	on Heath						March	-		96	5:45 a
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	lasi birthday)	IF UNDER 1 Y		IDER 24 HRS.	7. DATE OF	BIRTH		_	HPLACE (State or Foreign
219 - 16 - 432	1 1 🖾 M 2 🗆 F	72	YRS.	MONTHS D.	AYS HOU!	98 MIN.			1923		rvland
9a. FACILITY NAME (If not institution, g	ve street and number)			9b. CITY, TO	OWN OR LOC	ATION OF E				NTY OF C	
22 Main Sail D	rive			p11	kton				Co	cil	
RESIDENCE OF DECEDENT				F 11	KLUII				I CE	CII	
10e. STATE 10b. COL	INTY		10c. CIT	TY, TOWN OR I	LOCATION						10d. INSIDE CITY LIMITS?
Maryland Ce	cil		E1	kton							1 YES 2 NO
10e. STREET AND NUMBER					10f. ZIP C	ODE			10g. CIT	IZEN OF	WHAT COUNTRY?
22 Main Sail D	rivo				219	921			Uni	tad	States
11. MARITAL STATUS	12. WAS DECEDE	NT_EVER IN U.S. A	ARMED	13. WAS			ANIC ORIGIN?	Specify Yes		14. RAC	E - American Indian,
1 Never Married 2 🔀 Married		1 X YES 2 WAR OR DATES	NO		ea, specify C		en, Puerto Ric	an, etc.)		Spec	ok, White, etc.
3 Widowed 4 Divorced	US Navy			1.	] 123 2 A	по орес	ay .		7 7	Ope.	white
15. DECEDENT'S	EDUCATION	16a, C	DECEDENT'S	USUAL OCCL	JPATION		16b. K	IND OF BU	SINESS/INI	DUSTRY	
(Specify only highest g Elementary/Secondary (0-12)	rade completed)  College (1-4 or 5		(Give kind of life. Do NOT u	work done duri ise retired.)	ng most of w	orking					
12	Consider (1-4 OL 2		X Ins	taller	& Re	pair	nan R	egion	а1 т	elen	hone Co.
17. FATHER'S NAME (First, Middle, Lest,					_		AME (First, Mid			-100	none oo.
Clarence Heath											
19a. INFORMANT'S NAME (Type/Print)		L	19b. MAII IM	O ADDRESS /S			M. Yes			n Corini	
Ella Mae Heath							Elkton		2192 CATION —		
1 X Buriel 2 Cremation 3 1		Qemetery, C	remetory or	OF DISPOSITION OTHER PLACE	ON (Name of		DATE	20c. LC	CATION —	City or 1	own, State
4 Donation 8 Other (Specify)		Nort	n Eas	t Meth	odist	Cem	B/9/9	6 N	orth	Eas	t, Marylan
21. BIOMATURE OF SCHERAL BENVICE	LICENSIA /	//		22. NA	ME AND AD	DRESS OF F	ACILITY				
11/10/	171			Cro	uch F	unera	al Home	2			
23. PART i. Enter the discases, shock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications the	ouse on each ile	ne.	127	Sout	h Ma:	ch ss cerdia	eet,			Approximate interval Batwe
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96-052 ITEM		23 part I 27 28a b c d	State of Maryla		•		Re	g. No.	6	09108	
Physician		Decedent's Neme (First, Middle, Le	ist)					2. Dete of Deeth Month Dey Year 3. Time of D			
/Medic		PEVERLY  4a. Fecility Neme (If not institution, gir	o etraat and number)	HART  street end number)  4b. City, Town, or I				11 1996 6:		6:15 AM	
Examir	ier			7 T C'M	A DD	GLENARI				GEORGES	
Funerai Director			Sex 7. Age (In yr	7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Ho Months Days Hours Mil			8. Dete of Birth (Month, Day, Year) 9. Bir		9. Birthp	thpiace (Stete or Foreign	
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Lygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other traumatic event, the Medical Evanther must be notified at once.		Usuel Residence of Decedent									
	tor	10e. Stete 10b. County Prince	George's	ge's Glenarden						0d. Inside City Limits 1 2 Yes 2 □ No	
	Funeral Director	10e. Street and Number 7812 Glenarden Parkway 10f. Zip Code 20706 US						Vhat Cour			
	b	11. Meritel Stetus  TENever Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever In Armed Forces?  1 Yes 2 No If Yes, Give Yeer or Detes:	med Forces? It Yes, specify Cuben, Me  ☐ Yes 2○No  Yes, Give 1 ☐ Yes 2○No Specify Cuben, Me					14. Raca - American Indian, Black, White, etc. Specify: Black		
	Completed	15. Decedent's E (Specify only highest gr.	ducation ade completed) College (1-4or 5+)				at of working		6b. Kind of Business/Industry		
		12th			Beautician		450 1 1 1 1 1 1	Private			
	To Be	17. Fether's Neme (First, Middle, Last)  George Washington Hart, Jr.  18. Mother's Neme (First, Middle, Meide Rebecca Will						lliams			
		19a. Informent's Neme/Reletionship (Type, Print)  Rebecca Hart/Mother  19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)  9925 Good Luck Rd, Greenbelt, MD 2070									
		20e. Method of Disposition						20c. Location - City or Town, State			
		1 ☐ Buriel 2 ☐ Cremetion 3 [	Themover morn Stere	20b. Placa of Disposition (Name of cametery, cremetory or other place)			2 / 2 2				
		4 Donetion 5 Other (Specify) Chesapeake Crematory 3/14 Beltsvil 21. Signeture of Funerel Service Licensee 22. Name and Address of Fecility							/111	e, MD	
		J. B. Jenkins Funeral Home 7474 Landover Rd, Landover, MD 20785									
hysician /Medicai Examiner	ner	23a. Pert <sup>1</sup> . Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tellura. List only one cause on aech line.  Immediata Cause (Finel disease or condition resulting in deeth)  ASPHYXIA  Due to (or as a consequence of):								Approximeta Interval Between Onset and Death	
tending Physician: The law requires that the death certificate be executed beath.  Oc. After this certificate has been signed by the attending physician and the funeral director, page 2 should be detached for use as the burial-transit	I Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaese or Injury	Dua to (or as a consequenca of):								
	/Medical	that initiated events resulting in deeth) Last	Due to (or es a consequence of):								
	Physician/Med	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobacco use contributions.  1 Tyes 2 No 3 F							11		
	Completed by						24e. Wes en		co	ere autopsy findings alleble prior to mpletion of cause death?	
	mo						1 Yes	Yes 2□No		Yes 2□ No	
	Be	25. Wes casa raterrad to medical examiner?	26. Plece of Deeth (Check only one)								
this ce al dire	10	1 No 2 No	Hospitel: 1   Inpatient 2   ER/Outpetient 3   DOA   Other: 4   Nursing Home 5   Residence   Nother (Specify)   SCENE								
To the Hospital or Attending Physician: within 24 hours eiter death.  To the Funeral Director: After this certific completely filled in by the funeral director,	Certification:	27. Manner of Deeth  1 Naturel 5 Panding  2 Accidant Investigation	28a. Detect Injury (Month, Dey Year)   28b. Time of Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?   28c. Injury et Work?						)		
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	ledical	29a. Certifier  (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daeth occurred at the time, date and place, and due to the cause(s) and manner as stated.									
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To t with To t	2	29b. Signeture end title of certifier  30. Name end eddress of person who		, ,	) 0	.C.M.E.	MA	RCH 1	2,19	996	

State Registrar

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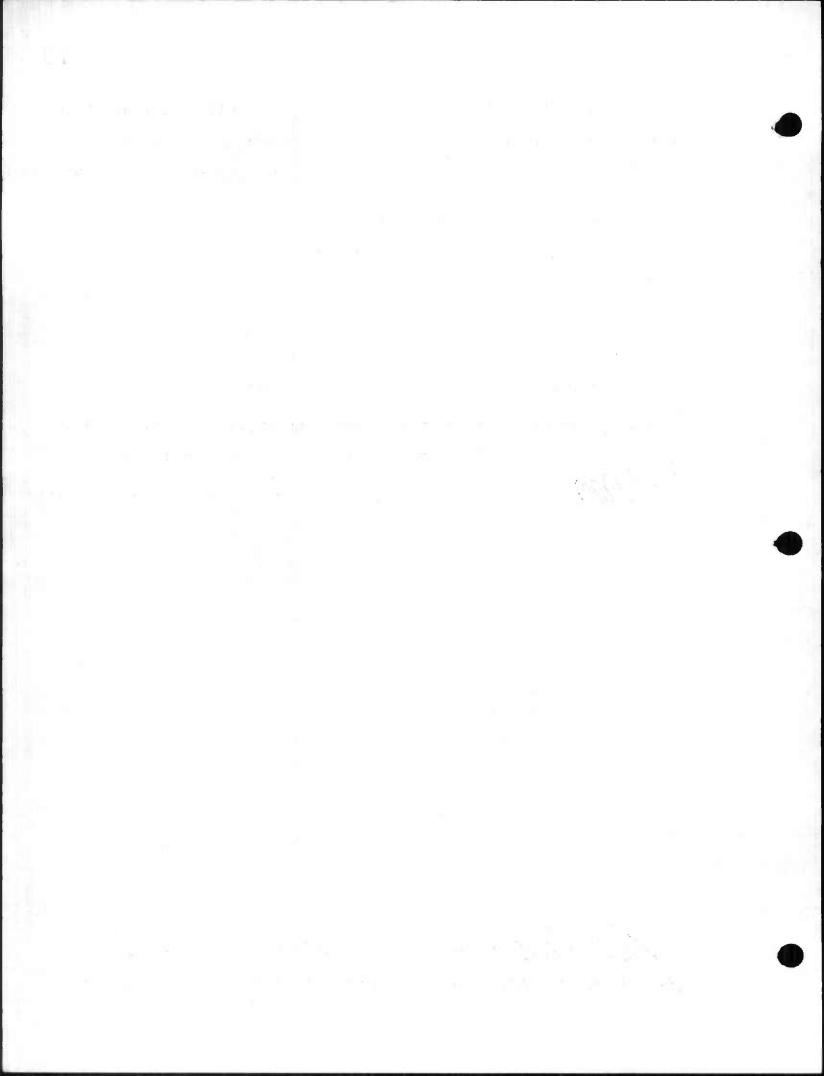
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>	D 00	ပို	axaminar? 1 Yas 2 No	Hospital: 1 Inpatis	int 2 ER/C	Outpatient 3	DOA Ott	nar: 4 Nursing H	oma 5 Pasid	ence 6 Oth	ar (Specify	1)
	Ly Je	1	27. Menner of Death  1. ■ Natural 5 ■ Panding	28a. Date of Inju (Month, Da	ry 28b	. Tima of Injury	28c. Inju	ry at rk?	28d. Dascribe h	ow injury occurr	ed	
Sio	Attending or death. Sector: After by the fune	cati	2 ☐ Accidant invastigati 3 ☐ Sulcide 6 ☐ Could not	he		М		Yas 2 No				
Ŕ	tal or Attandi rs after death. al Director: A ed in by the fa	Certification:	4 Homlcida datarmine			farm, streat, fact	ory, office		28f. Location (S City or Tow	itreet and Numb n, Stata)	er or Hura	f Routa Number,
	To the Hospital or Attance within 24 hours after deal To the Funeral Director: completely filled in by the	edical	29a. Cartifier   Cartifying P	hyeician: To the bast of miner: On the basis of and manner sta	axamination a	ga, daath occurre and/or investigati	ed et the til on, in my d	me, data and place, opinion, daath occur	and dua to tha c red at tha tima, c	ceusa(s) and ma date and place,	nnar as st and dua to	ated. tha ceusa(s)
	within 2 To the	Me	29b. Signature and all of certifier	1.			29c. Licens			29d. Deta signed		
			1 /nul /	10001	no		D	30929		3/20	194	
	-		30. Vand and address of person who			) (Type, Print)	1	30929 ST, BA		140		2011
			PAUL CEZANO		65691	N Cha	1/2	DA BE	LIMER	mo	210	7
	Sta	ite	31. Data filed (Month, Day, Year)	32. Registr	ar's Signatura	0 4 11						

DHMH 16 Rev 6/95



SOX 68760 BALTIMORE, MARYLAND 21215-0020 te be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicis

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	Pages		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the butial-transit permit. Pages	be filled within 72 hours after death with the State Dept, of Health and Memfal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1, 2, 3 should

FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	
	RAYMOND	E		HAI	MILTO	N			h 17,			7:05 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. las		IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH			BIRTHPLACE (State or Foreign Country)	
1	234-42-9707	1 🔀 M 2 🗆 F	6	5 YRS.	MONTHS	DAYS	HOURS MIN.	June	25 1	930	West	Virginia	
	9e. FACILITY NAME (If not institution, give et	reet end number)			9b. CITY	TOWN (	OR LOCATION OF D	EATH		9c. COUN	NTY OF D	EATH	
NO B	Memorial Hospital				Ci	umbe	rland			A]	llega	any	
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION						And might order			
2		_										10d. INSIDE CITY LIMITS?	
9	Vest Virginia Min	eral		Keyser					10g. CITIZEN OF WHA			1 YES 2 NO	
AA				101. ZIP CODE						1 7		States	
FUNERAL DIRECTOR	P.O. Box 711				1		26726						
5	11. MARITAL STATUS  1 Never Merried 2 N Merried	12. WAS DECEDENT I	YES 2 1			If yes, sp	ecity Cuben, Mexic	an, Puerto		s or No—	14. RACE Black	— American Indian, t, White, etc.	
B≺	3 Widowed 4 Divorced	IF YES, GIVE WAF	TOR DATES			1 TYES	2 NO Speci	My:			Speci	White	
	15. DECEDENT'S EDUC	ATION	16e. DE	CEDENT'S	USUAL O	CCUPATIO	ON	16b	. KIND OF BU	SINESS/IND	USTRY		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(G life	live kind of Do NOT u	work done ( se retired.)	during mo	ost of working						
P	Unknown	College (1-4 b) 5 +)	Wes	tvac	o Aco	cutr	im Dept.	_	Paper	Manui	facti	ıre	
COMPLETED	Unknown Westvaco Accutrim Dept. Paper Manufacture  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)												
O	William V. Ham	ilton					Edith	Mae	Mason	1			
BE	19s. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street i	and Number or Rural	Route Num	ber, City or Tow	rn, Stete, Zip	Code)		
2	Norma M. Hami	lton		P.O.	Box	711	, Keyse	er, W	V. 267	26			
	29. METHOD OF DISPOSITION	1	20b. PLACE	AND DATE	OF DISPOS	SITION (N	ame of	DAT		CATION -			
	1	oval from State	cemery cre	offac	"Meinc	ria	1 Garden	$s \mid 3-2$	20+96	Keys	er,	WV.	
	21. SHONATURE OF FUNERAL SERVICE LIC	ENBEE		22 NAME AND ADDRESS OF FACILITY BOAL FUNETAL HOME									
	· Wayke	Book					Church S			rnnor	+ M	ıd	
	23. PART I. Enter the diseases, or o	complications that	caused the de	ath Do	_							Approximate	
	shock, or heart failura.						or cynig, sa		0. 1456	watery err	001,	Interval Between	
	IMMEDIATE CAUSE (Fine) disease or condition										Onset and Death		
	disease or condition a. Congestive Heart Failure  DUE TO (OR AS A CONSEQUENCE OF):											2 years	
CERTIFICATION	Sequentially list conditions,  Due to (or as a conscouence of):										2 years		
AT	if any, leading to immediate cause. Enter UNDERLYING	c CAD		CONSEQUENCE OF):								10 years	
띮	CAUSE (Disease or Injury that initiated events	DUE TO (C	R AS A CONSE										
F	resulting in death) LAST	NIDDM										10 years	
MEDICAL	PART II. Other significant condition	_	eeth but not	rasulting	In the ur	nderiyin	ig cause given in	n Part I.	24a. WAS AF PERFO		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8	Ventricular irri	tability							1 TYES	2 NO		OF DEATH?	
E E	Bradycardia				84			_				1  YE\$ 2  NO	
ż	DID TOBACCO USE CONT	RIBUTE TO CAU			ES 🔼			IN L					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NØSPITAL:			OTHE		)						
YSI	1 TES 2 10	HOSPITAL: 1/1 Inpetient 2   1		7	4 🗆 Hui	rsing Hor	ne 5 🗌 Residence	1					
표	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF III (Month, Day		26b. TI	JURY	W	JURY AT ORK?	28d. DE	SCRIBE HOW	INJURY OC	CURED		
ВУ	2 Accident Investigation				М		YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide datermined	26e. PLACE OF building, et	INJURY — At h Ic. (Specify)	ome, ferm,	atreet, fec	tory, offi	ce		or Town, State		r or Rural i	Route Number,	
E				· ·									
COMPLETED	(Check only 1 CERTIFYING PHYS	CIAN: To the best of m	ny knowledge, d	eath occur	red at the	time, dat	e end plece, end du	e to the ca	use(s) end me	nner es ata	ted.		
S S	2 MEDICAL EXAMINE	R: On the beele of exe	mination end/or	Investigat	lon, in my	opinion,	death occured at th	e time, date	end place, e	nd due to ti	he ceuse(s	s) end menner ee stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE						29c LICENSE NO	JMBER		29d. DAT	E SIGNED	(Month, Day, Year)	
3B C	1/1/ 00	an		018769 March 18, 1996						18, 1996			
21	30. NAME AND ADDRESS OF PERSON WH							1-1					
	James M. Rave	er M.D. N	1emoria	1 Ho	spita	al,	Memorial	Ave	., Cum	berla	and,	Md. 21502	
6	31. DATE FILED (Month, Day, Year)	32 REGISTRAR	'S SIGNATURE		4.1								
-	MAR 1 9 1996	false dias	reison Ren	1045									
		4.00											

MD

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

specify: white

1 XYES 2 NO

Interval Between

**Onset and Death** 

24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

Page 6 may be retained by the hospital or attending physician. **IMORE, MARYLAND 21215-0020** 

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director, page 5 should be detached for

funeral

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BAL	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
m	after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Memal Hyglene prior to burial, cremation, or removal.	icai t
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR A	DIREC	Eeg
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH MONTH 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Aug 28, DAYS HOURS 1 M 2 X YRS. 214-46-3450 1905 90 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR MERIDIAN NURSING HOME BROOKLYN (BALTIMORE) RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 0 Baltimore Baltimore 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5701 Park Road USA 21225 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 No Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 DO 1 Never Merried 2 Merried 3 Wildowed 4 Divorced ED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl ᆸ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL N/A None 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Harry Ambrose Olive Brady 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5701 Park Road; Baltimore, MD 21225 Frances E. Norfolk 20s. METHOD OF DISPOSITION
1 Surfel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 03/08 Cumberland, MD Sunset Memorial Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home amac Cumberland, MD 21502 23. PART/I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellura. Liet pnly one cause on each line. IMMEDIATE CAUSE (Finei Congestive disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Valvula 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 TES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH

OF DEATH? 1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Netural M 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 290. BIGNATURE AND TIDES OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mgnth, Day, Year) 5

E. Fort Aug

Alan N. Dennis

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3 28 24

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 48 hours after death. Page 6 may be retained by the hospital or attending

WY MEETING	10,	J, 11/4, 1/02	1711294119 00,			
FOR STATE		STATE OF MARY	LAND / DEPARTMENT	OF HEALTH AN	D MENTAL	HYGIENE
REGISTRAR			CERTIFICATE			BEC NO

REGISTRAR				CERTIF	ICATE	OF	DEATH	R	EG. NO.				
t. DECEDENT'S NAME (Fit	st, Middle, Last)							2. DATE OF D		IV.	YEAR	3. TIME OF DE	ATN
	CHARLES	3			HOUS	Е		March		1996	, can	9:19	P
4. SOCIAL SECURITY NUI	-	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	HRTH y, Ybar)		8. BIRTH Countr	IPLACE (State or	Foreign
215-36-900	-	1 M 2 D F	56	YRS.	MONTHS	CATS	HOURS MIN.	Sept.2		9		ryland	
Memorial H	ospital				4127		r Location of DE	EATH		A11	NTY OF D	eath y <del>any</del>	
10a. STATE Pa.	Somer:				v, тоwn d ersda		ION					10d. INSIDE CI LIMITS? t XES 2	
306 Front						101	2IP CODE 15552		10g. CITIZEN OF WHA				7
11. MARITAL STATUS  1  Never Married 2 [ 3  Widowed 4  Or		12. WAS DECEDED FORCES? IF YES, OIVE	T EVER IN U.S. TO YES 25 MAR OR DATES	ARMED		f yes, spe	ENDENT OF HISPAI ecify Cuben, Mexice 2 NO Specifi	n, Puerto Ricar	Blac	E — American ir k, White, atc. White	ndlan,		
15. Di (Specify of Elementary/Secondary 10	CEDENT'S EDUI only highest grade (0-12)	CATION completed) College (1-4 or 5	+)	18a. DECEDENT'S USUAL OCCUPATION (The kind of work done during most of working life. Do NOT use retired.)  Dishwasher  18a. DECEDENT'S USUAL OCCUPATION (Restauran)						t			
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
Alice House 23 Douglas Avenue, Lonaconing, Md. 21539													
20b. PLACE AND DATE OF DISPOSITION  1 fx Burlet 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of campaign; Grapatory or Other places).  20b. PLACE AND DATE OF DISPOSITION (Name of campaign; Grapatory or Other places).  20b. PLACE AND DATE OF Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or Town, State  20c. Location — City or													
21. SIGNATURE OF FUNE	AL SERVICE LIC	CENSEE					ning,Md.			1 Ho	me		
23. PART I. Enter the	diseeses, or o	complications the	at caused the	death. Do						iratory ar	rest,	Approx	
ahock, or haert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Ischemic cardiomyopathy  DUE TO (OR AS A CONSCOURNCE OF):											Onset a	nd Daa	
Sequentially list cond if any, leading to imm cause. Enter UNDERI	1eclata	L Chroni	C ODST1	CUCTIV.	e pu F):	Lmon	ary dise	ase				Year	S
CAUSE (Disease or in that initiated events resulting in deeth) L/		DUE TO	OR AS A CON	SEQUENCE O	F):								
PART II. Other algorifi	cant condition	ns contributing to	death but n	ot reaulting	In the ur	ndarlying	cause givan in	Part i. 24	. WAS AN	AUTOPSY	248	. WERE AUTOPS'	OT RO
								t (	YES 2	NO		OF DEATH?	
DID TOBACCO		RIBUTE TO CA					UNCERTAI	N 🗆					,
25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO	TO MEDICAL	HOSPITAL:		LACE OF DEA	OTHE	R:	e 5 🗆 Residence	8 Other (Sp	pecify)				
	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. Till IN	ME OF JURY M		URY AT RK? YES 2 NO	28d. DEŞCRI	BE HOW I	NJURY OC	CURED		
2 Accident 3 Suicide 8 4 Nomicide	Could not be datermined	28e. PLACE building	OF INJURY — A	t home, farm,	street, fac	lory, affic		28f. LOCATIO City or To	ON (Street own, State)	and Numbe	or or Rural	Route Number,	
onel .		ICIAN: To the best of										a) and manner a	na stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month)										O (Month, Day, Ye	er)		
/	m1)	D 434				and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th							
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				State of Ma	ryland	Certifica				giene g	6 09 1 14
	Physici	an	1. Decedent's Neme (First, Middle, Last, John Martin HERSH	)					2. Dete of De Month	Day	Year 3. Time of Death
Ÿ	/Medic Examir		4e. Fecility Name (If not Institution, give	street and number)				4b. City, Town, or	Location of Deet	h 4c. County	996 1735 of Death
Ĺ		,	Washington County	Hospital				Hagers			shington
	Funeral Director		214-07-3071	XM 2 F	(In yrs. las	Yrs. If Und Month:	er 1 Yeer Days	Hours Min		, 1914	9. Birthplace (State or Foreign Country) Pennsylvania
	wo.		Usual Residence of Decedent 10a. Stete 10b. County		10c. City, 1	Town or Location					10d. Inside City Limits
	Man Mari	ctor	Maryland Washing	gton		Hager	stown	n			Yes 2□No
	th with th	al Director	10e. Street and Number 47 Manor Drive			10f. Z	ip Code	21740		10g. Citizen of V	What Country?
020	2 should be filed within 72 hours efter death with the Maryland end Mental Hygiene. Is marked other than "natural", or items 23s or 28s-f show raumatic event, the Medical Exercipet must be righted at	by Funeral	11. Maritel Status  1 □ Never Married 2 □ Merried  3 ☒ Widowed 4 □ Divorcad	12. Was Decedent Ev Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes:		13. Was Dec If Yes, sp		Hispenic Origin? (: an, Mexican, Pue Specify:	Specify Yes or Norto Rican, etc.)		e - American Indian, ok, White, etc. o: white
21215-0020	within 72 hc nne. than "natur ne Medical	Completed	15. Decedent's Edu (Specify only highest gredi			life. DO NOT	ork done use retire	during most of we	orking		usiness/Industry
Maryland 2	m = 0 =	To Be Co	17. Father's Name (First, Middle, Last) Christian Hersh			manag	CI		ame (First, Middle Kunkle		
ary	permit. Peges 1 and 2 should be f Department of Health end Mental i Important: if item 27 is merked of any injury or other traumetic eve angle injury or other traumetic eve	F	19a. informant's Name/Reletionship (Ty	rpe, Print)		19b. Mailing Addre	ss (Street	end Number or F	iural Route Numb	er, City or Town,	State, Zip Code)
	ealth or 27 le		John M. Hersh			17717 Ti		Lane, H			
Itimore,	nt of H : If ite		20a. Method of Disposition 1 △ Burial 2 □ Cremation 3 □ R		cem	e of Disposition (Netery, crematory or	other pla	· _	Date -20-96		City or Town, State
altin	nit. Partme		4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funeral Service License		RUSE	Hill Ce		ess of Fecility	20-70	nagers	.own, nary rand
m	Depar Impor any ir		Scstf)	Minn	uer			FUNERAL I		erstown	Md. 21740
i de	01		23a. Part1. Enter the disease, or compli shock, or heart failure. List only or	icetions that caused the cause on each line	he deeth.	Do not enter the me	ode of dyl	ng, such as cardia	ac or respiretory e	errest,	Approximate Interval Between Onset and Deeth
Ť	Physician /Medical		Immediate Ceuse (Final disease or condition	6	str. c	1	2/2	2 - 2			
	Examiner	_	resulting in death)			s a consequence of		oma			6 months
	uted d ansit	Examiner	_ t	o							
60,	ficate be executed g physician and es the buriel-transit	al Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	c	de to (or a:	s a consequenca of	1.				
68760,	fficate I g physical es the t	edical	that initiated events resulting in death) Last	D	ue to (or as	s e consequence of	):				
Box	death certifi e ettending id for use es	Physician/M		J		-					
0.	t the dea by the et tached fo	ysici	Part II. Other significant conditions con	tributing to death but	not resultir	ng in the underlying	cause gi	ven in Part I.	23b. Dld	tobacco use co	ntribute to the cause of death?
م	g g	by Ph							. 10	Yes 21 No	3 Probably 4 Unknown
Records,	requir	Completed b							24a. Was	an autopsy ormed?	24b. Were autopsy findings evailable prior to completion of cause of death?
	The ate h	Com							1□	Yes 2₽No	1 Yea 2 No
Vita	iclan: certific	Be	25. Was case referred to medical examiner?	Hospital:			Ott	nor.	eath (Check only		
ot	ye sign	n: To	27. Manner of Deeth	28a. Dete of Injury (Month, Day)		VOutpatient 3 [	28c. Inju Wo	4 Livursing	Home 5 Res	dence 6 Oth how injury occur	
SIO	ending Feath. or: After the funer	catlo	1 ☐Natural 5 ☐ Pending 2 ☐ Accident Investigation 3 ☐ Sulcide 6 ☐ Could not be	(Month, Day	rear)	Injury M		Yes 2 □ No			
Division of Vital	To the Hospital or Attending Pi within 24 hours after death. To the Funeral Director: After it completely filled in by the funera	Certification:	4 Homicide determined	building, etc.	(Specify)	e, farm, street, facto			City or To	wn, Stete)	er or Rural Route Number,
	24 hou Fune etely fil	edical	29a. Certifier 1 ☐ Certifying Phys (Check only one) 2 ☐ Medical Examir	sician: To the best of ner: On the basis of e and manner stete	xamination	dge, death occurre end/or investigation	d at the ti	me, date and plac opinion, death occ	e, and due to the surred at the time,	cause(s) end ma date and place,	anner es steted. and due to the cause(s)
	within To the compl	Me	29b. Signeture and title of certifier			2	9c. Licens	se number		29d. Date signe	d (Month, Day, Year)
ì			I muchael ?	muloura	R		0	41667		.3 .	18.96
			30. Name and address of person who co				1.	0 .	N	4.	0 0 2/2/
	Sta	te	Michael T. Mc(o	32. Registrer			ell	Frad	Tasers	MILA	MD. 21740
	Registr		MAD 1 619	-	Warner .						

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DIVISION OF VITAL RECORDS, P.O. BOX 6876U

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
		C	ERTIFICATE	OI	F DEAT	H		REG N	0

FOR STATE REGISTRAR	STATE OI	MARYLAND	/ DEPARTM			MENTAL	HYGIEN REG. NO	_			
1. OECEDENT'S NAME (First, Mic	idle, Last)				-		OF OEATN			3. TIME OF DEA	ATN
C. ELA	TNF		НОСК	MAN		Матс	_	1996	EAR	4:45	A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O		8.		IPLACE (State or I	Foreign
175-20-1284 9e. FACILITY NAME (If not institu	1 M 2 X	69	YRS.	DAYS	R LOCATION OF D	Nov.		1926	Countr	PΔ	
Memorial H	ospital			Cumbe				Alle			
RESIDENCE OF DECED	b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION					10d. INSIDE CIT	TY
MD	Garrett		Acci						1 YES 2 NO		
10e. STREET AND NUMBER				101	ZIP CODE			10g. CITIZE	V OF V	WHAT COUNTRY?	
3810 Cove F						520			USA		
1 Never Merried 2 Mer 3 Widowed 4 Divorces	rried FORCES?	DENT EVER IN U.S.  1 YES 2 VE WAR OR DATES	NO	ENDENT OF NISPA acity Cuben, Mexico 2 1 NO Specif	en, Puerto R		e or No 14		E — American Inc k, White, etc. ''y: White		
15. DECEDE	NT'S EOUCATION	180	DECEDENT'S US	NA	166	KIND OF BU	SINESS/INDUS	TOV	WIIICC		
(Specify only hig Elementary/Secondary (0-12)	phest grade completed)		(Give kind of world life. Do NOT use n		100.	KIND OF BO	3111233/111203	,,,,			
12	College (1-4 o	(3+)	Home	emaker			Own	home			
17. FATHER'S NAME (First, Middle	a, Last)		110111	Smarrez	18. MOTNER'S NA	AME (First, A	fiddle, Malden	Sumame)			
Ray Hunter					Doll	y Mic	ckey				
19e. INFORMANT'S NAME (Type	Print)		19b. MAILINO AD	DRESS (Street &	nd Number or Rural	Route Numb	er, City or Tov	vn, State, Zip Co	ide)		
Lawrence Raymo	nd Hockman,	spouse	3810 (	Cove Ro	ad, Acci	dent	, MD 2	21520			
20a. METNOD OF DISPOSITION 14 Burlel 2 Cremetion 4 Donetion 5 Other (Sp		20b. PLAC cemetery,	CE AND DATE OF I	plece)		OATE		CATION — CIT			
21. SIGNATURE OF FUNERAL 6		ISE.	John's		March 11		O A	cciden	C,	MD	
1.2	un Jour	man			Funera						275
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury	b. Myel	gulopathy TO (OR AS A CON!	SEQUENCE OF): Tative SEQUENCE OF):	disord	er					l day	nd Dasth
that initiated events resulting in death) LAST	d	. 10 (011 A3 A CON.	SECUENCE OF ).								
PART II. Other algorificant		to death but no	t resulting in	the underlyin	g cause given in	Part I.	24a. WAS AI PERFO	N AUTOPSY RMED?	246	. WERE AUTOPSY AWAILABLE PRIO	OT P
Diabetes M						_	1 TYES	2 NO		OF DEATH?	CAUSE
	stroentesti				Z.,,,,,,,,,,					1   YES 2	NO NO
DID TOBACCO USE					UNCERTAI	IN LJ					
25. WAS CASE REFERRED TO MEXAMINER?	HOSPITAL	:	ACE OF DEATH	(Check only one) THER:							
1 TYES 2 NO		2 ER/Outpatient		-	e 5 🗆 Residence						
27. MANNEB OF DEATH  1 Natural 5 Per 2 Accident	(Mon	E OF INJURY th, Day, Year)	28b. TIME (	Y WO	URY AT PRK? YES 2 NO	26d. DES	CRIBE HOW	INJURY OCCUP	REO		
3 Suicide 6 Co	uid not be build build	CE OF INJURY — At ling, etc. (Specify)	home, form, stre	et, factory, offic	•	28f. LOC City	ATION (Street or Town, State	end Number or	Rural	Route Number,	
290. CERTIFIER 1 CERTIFY	ING PHYSICIAN: To the be	et of my knowledge	death assumed	at the time of	and alone and a	a to the	nada) and i		_		_
een!	L EXAMINER: On the besie									e) end manner ee	stated.
296. SIGNATURE AND TITLE OF	41	11	1	y epitinoit, t					-		Jenet.
S. HAME AND ADDRESS OF P	MINI	alis	ge,	/	D 14393			▶ 9	2/	2 Th	96
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ake

	1 - STATE REGISTRAR	STATE OF MAR				EALTH AND I	MENT/	AL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			3. TIME OF DEATH		
	DIANA	DENTSE		HAMM	OND		MA			96	07:37 A	М	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last bi		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTH		S. BIRTN	PLACE (State or Foreign		
	5 n 4 - 5 1 - 9 2 0 4  9a. FACILITY NAME (If not institution, give a	1 M 2XXF	33	YRS. MON		HOURS MIN.	AUGI	JST 7 1		Country NTY OF D	CALIF.		
Œ	MEMORIAL HOSPITA					ERLAND	EAIN			LLEG			
DIRECTOR	RESIDENCE OF DECEDENT				COMBI	NEAND	-			L. L. I. C	TANI		
RE	10a. STATE 10b. COUNT	Y	1	Oc. CITY, TO	WN OR LOCA	TON					10d. INSIDE CITY		
		EGANY		CUMBE	RLAND						1) YES 2   NO		
3AL	100. STREET AND NUMBER FURNACE STREET E	VTENDED			10	21502				S.A	HAT COUNTRY?		
FUNERAL										. D . A	•		
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black,									- American Indien, , White, atc.			
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify:									WHITE			
ED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY									***************************************	_		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do NOT use melting. Do													
17. FATHER'S NAME (First, Middle, Last)  LITTITAM MYFRS													
WILLIAM MIEKS  CECILIA SHELBY													
0	19a. INFORMANT'S NAME (Type/Print)	nber, City or Town	n, State, Zip	Code)	ATTE								
_		ILLIAM MYERS 320 N.CIVIC DRIVE APT 314 WALNUT CREEK CALIF.											
	20e. METHOD OF DISPOSITION 1 Gurdal 2 A Cremetton 3 Removal from Stata 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of comatary, cremetory or other place) CUMBERLAND CREMATORY MARCH 18 19 96 CUMBERLAND MARYLAND												
	4 Donation 5 Other (Specify)  21. SIGNATURE SET FUNERAL SERVICE LIC	CENSER\/	CUMBERL.	AND C		RY MARCH		1996 (	UMBE.	RLAN	LAND MARYLAND		
	71.4	TIII	1	þ		T-ADAMS		ERAL HO	ME				
	404 DECATUR STREET CUMBERLAND MARYLAND												
	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one ceuse on sech line.  Approximats Interval Between												
	IMMEDIATE CAUSE (Finsi disease or condition												
	disesse or condition resulting in daeth) a. Pneumonia Recurrent										3 mont	hs	
	DUE TO (OR AS A CONSEQUENCE OF):												
O	Sequentistly list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
CAT	If any, lasding to immediate cause. Enter UNDERLYING												
IF	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in death) LAST	d											
	PART ii. Other algnificant condition	as contributing to dea	th but not resu	iting in the	underlyla	cerree cluen la	Part I	24s. WAS AN	ALLTONOV	045	WEEK ALTONOMY ENION	10.5	
CAL	Malnutrition wi				dideriyiii	Codde given in	vait i.	PERFOR	MED?	240.	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS		
ED	Haindelieidh w.	cen cachexi	.a				_	1 TYES 2	D/16		OF DEATH?		
Σ.	DID TOBACCO USE CONT	DIRLITE TO CALIS	E OF DEATH	VEC T	7 NO 15	UNCERTAIN					1 YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	RIBOTE TO CAUSI			eck only one)	UNCERIAII	<u>ч Ц</u>						
Sic	EXAMINER?	HOSPITAL:	Outpatient 3 🗆		HEA:	e 5 🗆 Realdence	6 Oth	er (Specify)				$\neg$	
μ̈́	27. MANNER OF DEATN	28a. DATE OF INJU	JRY 2	Bb. TIME OF	28c. INJ	URY AT		SCRIBE HOW II	JURY OCC	CURED	<u>_</u> _	$\dashv$	
ВУР	13 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	yar)	INJURY		RK? 'ES 2 NO							
ED B	3 Suicide 6 Could not be	28e. PLACE OF IN. building, atc.	JURY — A1 homa, (Specify)	farm, street,	factory, offic		281. LO	CATION (Street a	nd Number	or Rural R	oute Number,		
	4 Homicide determined						Unj	or Town, State)					
PL	29a. CERTIFIER (Check only 1 CERTIFYING PNYSI	ICIAN: To the best of my i	nowledga, death	occurred at	he time, date	and pleca, and due	to the ca	suse(s) end men	ner as state	ed.			
COMPLET											and manner as stated		
	2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occured at the time, date and piace, and due to the cause(a) and manner as stated.  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)												
B	( Just)	2171 La 018764 MANI								7/8/1	84		
임	30 NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE O	F DEATH (ITEM 2	) (Type, Print)		-, -,							
	(N. A. RANJITHA	N, MD 51	7 OLD1	OWN	RD,	CUMBERL	AND	MD.	21	502			
31. DATE FILED (Month, Day, Mari) 9 1996 32. REGISTRAR'S SIGNATURE													

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Leona Elizabeth Harbin 996 9:45 March 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 510-10-5913 1 M 2 X F 94 MARCH 9, 1902 MISSOURI Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BEDFORD HYNDMAN 1 K YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? LOCUST STREET, P. O. BOX 387 page 5 should be detached for use as the burial-transit 15545 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 — YES 2 💢 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY Specify: WHITE 3 Widowed 4 ☐ Divorced ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 WAITRESS RESTAURANT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM APPLING 76 NANCY LEOTA GUMFORY notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LEON MOSKEY P. O. BOX 387, HYNDMAN, PA 15545 executed within 75 hours after death. Page 6 may be in and completely filled in by the funeral director, page 6 to burial, cremation, or removal. pe 20a. METHOD OF DISPOSITION

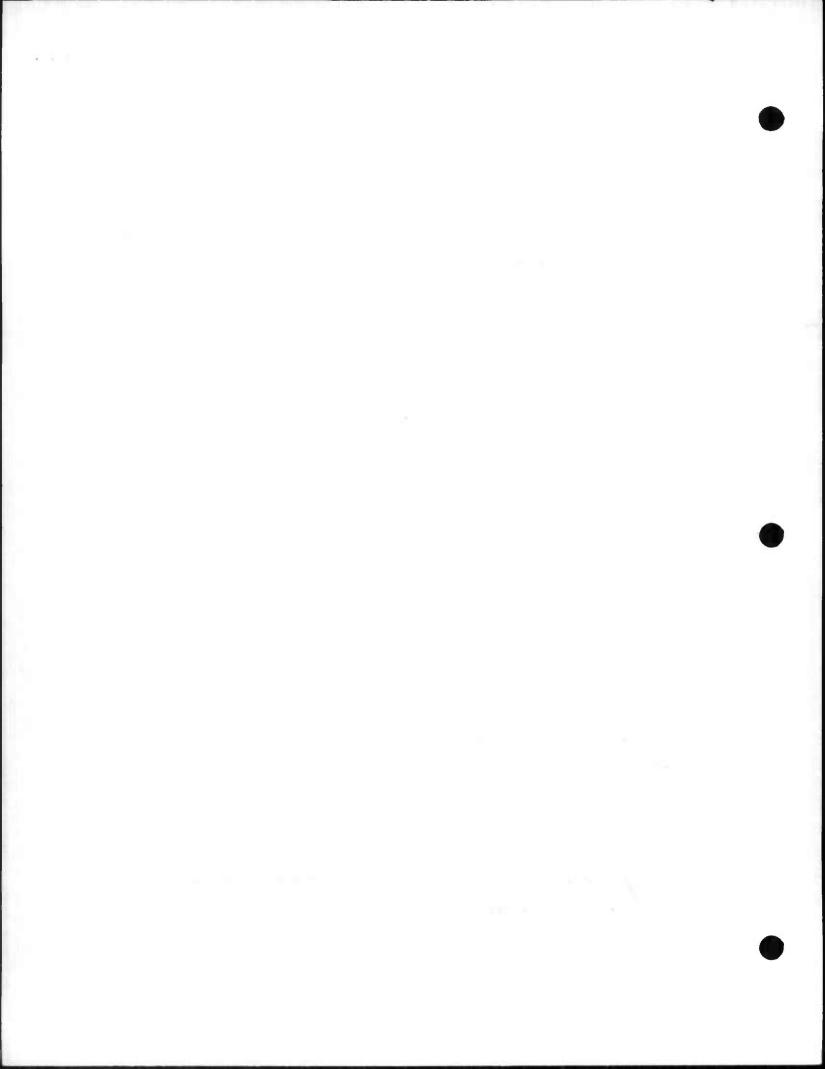
| X | Buriel 2 | Cremation 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must HYNDMAN CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) MARCH 21. 1996 HYNDMAN, PA 15545 H. SIGNATURE OF FUNERAL SERVICE LICENSPE examiner 22. NAME AND ADDRESS OF FACILITY HARVEY H. ZEIGLER FUNERAL HOME / Lever HYNDMAN, PA 15545-0636 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. the medical Approximata Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition ACYTE MYO CORPION INFORCTION
DUE TO (OR AS A CONSEQUENCE OF): MIV. resulting in death) event, CORONALY ARTENY 10 481. traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): attending physician ntal Hygiene prior to death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in deeth) LAST 6 sen signed by the attended of Health and Mental Injury. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any t TYES 2 NO 1 YES 2 NO ICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN has be 34 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL 1 YES 2 NO OTHER: PHYSI ATTENDING PHYSICIAN: ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 6 the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked. this with Natural 5 Pending 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 69 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be DIRECTOR after 28 4 Homicide H hours Item Item 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. BO COMPL (Check only one) TO THE HOSPITAL
TO THE FUNERAL I
Be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 295. SIGNATURE AND TITLE OF CERTIFIER 8 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) NALLIN MDO: D34812 March 18, 1996 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) EUGENÉ P. NALLIN, M. D., HYNDMAN AREA HEALTH CENTER, HYNDMAN, PA 15545 32. REGISTRAR'S SIGNATURE

Jaha Mustier Ra

5 pel

31. DATE FILED (Month, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX box of our months of the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merrial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		U	ERTIF	CALE	: OF	DEAL	H	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)  BLAIR LEE H	OLMES							2. DATE OF SMONTH MARCE	DA	1996	YEAR	3. TIME OF DEATH 12:05P M
4. SOCIAL SECURITY NUMBER	5. SEX 1 X M 2 F	6. AGE (In yrs. Is	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 2	MIN.	7. DATE OF E (Month, Da	y, Year)		Count	
219 14 5524		12	THO.	DEC. 29, 1923						MARY INTY OF E		
	,											
SACRED HEART HOS	PITAL			CUMBERLAND						ALLEGANY		
10a. STATE 10b. COUNTY			10c. CITY	, TOWN O	R LOCAT	TON						10d. INSIDE CITY LIMITS?
MARYLAND ALLEG	ANY		F	ROST								1 X YES 2 NO
	770				101	. ZIP CODE						WHAT COUNTRY?
213 EAST STR	EET 12. WAS DECEDEN	T EVER IN U.S. A	RMFD	13. 1	MAS DEC	215		VIC ORIGIN? (S	nacify Van		J.S.A	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WW II, K	YES 2 C	NO	1	f yes, sp		, Maxica	in, Puerto Ricai			Spec	E — American Indian, k, Whita, atc. //y: WHITE
15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. D	ECEDENT'S Give kind of w	USUAL OC	CCUPATIO	ON st of working	7	16b. KiN	D OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	·)	le. Do NOT us	e retired.)								
12 17. FATNER'S NAME (First, Middle, Last)			ILLITA	RY					S.A.E			
								ME (First, Middi				
JAMES HOLME  19a. INFORMANT'S NAME (Type/Print)	19		9b. MAILING	ADDRESS	(Street a			Route Number, (			io Code)	-
MARY HOLMES								TBURG,				
20a. METHOD OF DISPOSITION	numi from State	20b. PLACE	E AND DATE C	OF DISPOS	ITION (Ne	ime of		DATE	20c. LO	CATION -	- City or Ti	
20a. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 Removal from State 4 Donatton 5 Other (Speedly) FROSTBURG MEMORIAL PARK, 3/19/96 FROSTBURG, MD 21532											1D 21532	
21. SIGNATURE OF TUNERAL SERVICE-LICENSEE  22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532												
23. PART I. Enter the diseases, or o	omplications the	t caused the d	leath. Do n									LD3Z Approximata
ahock, or heart fallure.	Liat only one cau	ise on each lin	10.									interval Between
IMMEDIATE CAUSE (Final disease or condition	K	PODI	249	712	Y	F.	411	1005	_			20 Back
reaulting in death)	DUE TO	(OR AS A CONS	EQUENCE OF	7:		*		2010				The Carry
Sequentially list conditions,	PRE	aneq	TUE	/A)	KAR	JSIUE	7	Pul	MOX	Anch		6 neos
If any, leading to immediate cause. Enter UNDERLYING	DUE TO	ESPI (OR AS A CONSI (OR AS A CONSI	EOUENCE OF	<b>h</b> :					F	An	2868	0
CAUSE (Disease or Injury	C	(OR AS A CONS			-							Colles
that initiated eventa resulting in death) LAST		(311101101101		,								į
	1											
PART ii. Other algnificant condition	a contributing to	death but not	reauiting I	n the un	derlyin	g cause g	iven in	Part I. 24	PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
			<u> </u>					1	YES 2	100		COMPLETION OF CAUSE DF DEATH?
DID TOD A CCO LICE CONIT	NOLITE TO CA	HEE OF DE	ATIL ME	c Eli	101	11110	EDTAL					1 YES 2 NO
DID TOBACCO USE CONTI	KIBUTE TO CA		ALH YE		Only one)	UNC	ERTAI	иПТ				
EXAMINER?	NOSPITAL:	ER/Outpatient		OTHER	R:		aldanaa	a C Other (C	n n (d .)			
27. MANNER OF DEATH	28a. OATE OF	INJURY	28b. TIM	E OF	28c. IN.	URY AT	sidenca	8 Other (S)		NJURY O	CCURED	
1 Natural 5 Pending Investigation	(Month, L	lay, Year)	INJ	M		YES 2	NO NO					
3 Suicida 8 Could not be	28a, PLACE (	OF INJURY — At I	noma, larm, s	Hreet, fact	ory, offic	a .			N (Street a		er or Rural	Route Number,
4 Nomicide determined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						,	, 5.0.0,			
Tomour only	CIAN: To the best of R: On the bests of s											(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIED	uele	o la	911	1 00	0	29c. LICE	NSE NU	MBER 13166	χ ]		TE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
Angel Koque, N.D. 48 Tarn Terrace Frostburg, MD 21532												
31. DATE PILED (Month, Day, John) 32 REGISTRAN'S SIGNATURE												
MAR 2 0 1996	Statund	totales (A	refer fil									

	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit nermit. Pages 1 2 3 should
or death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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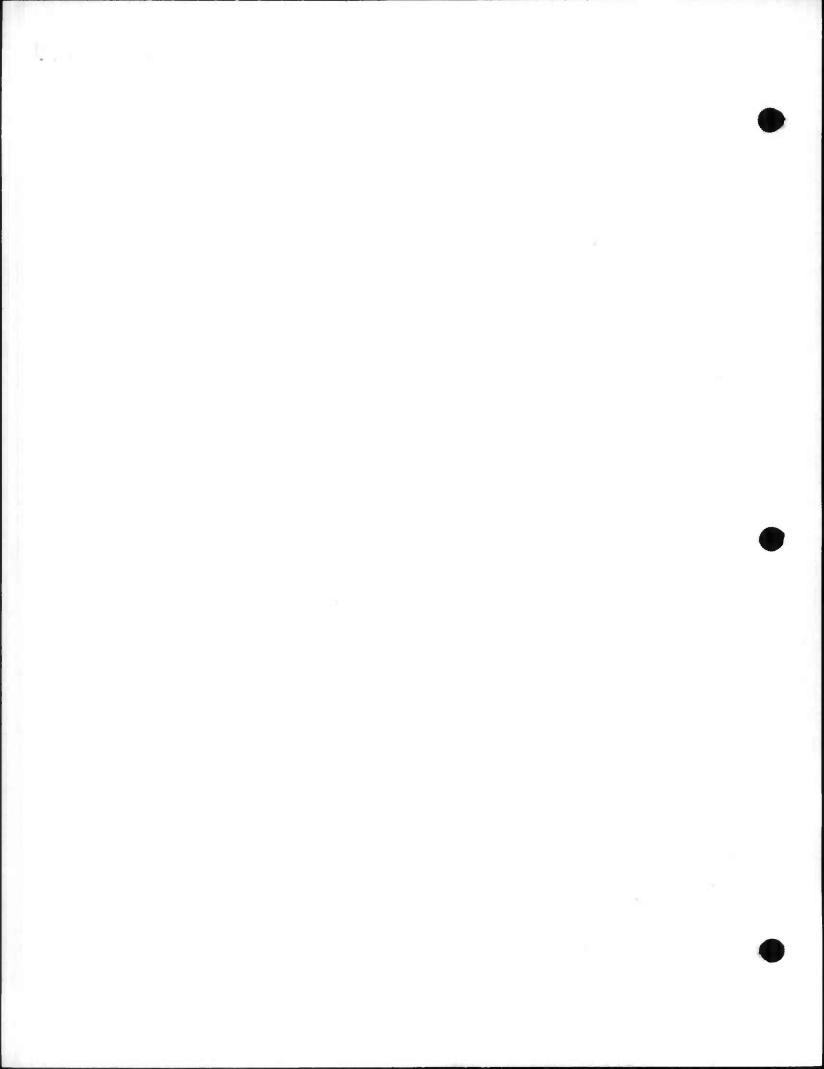
												36	091	19
	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND /		RTMENT				MENTAL	HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (	OF OEATH	AY	YEAR	3. TIME OF D	EATH
	Edith Boyer Irwin	7							Marc		19	96		) p M
		5. SEX	6. AGE (In yrs. les		IF UNDER 1	DAYS	IF UNDER	24 HRS.	7. DATE ( (Month,	Day, Year)		8. BIRTHE Country	LACE (State o	Foreign
	216 - 12 - 6490	-	78	YAS.				N		er 17	191	7 Ma	ryland	1
~	9e. FACILITY NAME (If not institution, give s				9b. CITY,	TOWN O	R LOCATIO	ON OF DE	EATH		9c. COL	INTY OF OE	ATN	
0	Laurelwood Nursing	ng Center			E1kt	on					Cec	il		
E	10e. STATE 10b. COUNT			10c, CIT	Y. TOWN OF	WN OR LOCATION						1	10d. INSIDE C	ITV
BY FUNERAL DIRECTOR	Maryland	Cecil			Elkton								LIMITS?	
5	10a. STREET AND NUMBER	Cecii		1 1	EIKTO		ZIP CODE				10- 017		1 X YES 2	
18	100 Laurel Drive					100.		0						
N N	11. MARITAL STATUS	PMED.	21921							ited States				
II.	1 Never Married 2 Married	12. WAS OECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 X		13. WAS DECENDENT OF NISPANIC ORIGIN If yes, specify Cuban, Mexicen, Puerto 1 YES 2 K NO Specify:					GIN? (Specify Yes or No— 14, RA to Rican, atc.) 14			- American In White, etc.	
	3 🖾 Widowed 4 🗌 Divorced	1 '	YES	2 KJ NO	Specify	у:			Specify	Whi	te			
8	15. DECEDENT'S EDU (Specify only highest grade		USUAL OC				16b.	KINO OF BU	SINESS/IN	DUSTRY				
Щ	Elementary/Secondary (0-12)	ive kind of a Do NOT us	work done do se retired.)	uring mos	it of workin	g	न	irewo	rks/	Snark	ler			
4P	6		Fir	eworl	ks Pa	cker				Manuf			ICI	
COMPLETED	Fireworks Packer  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Last)													
BE (	Harry B. Boyer						Mar	y E.	. (Ma	iden	name	unkn	own)	
0	Mary E. (Maiden name unknown)  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Pairel Pourle Number, City or Town, State, Zip Code)													
	William H. Irwin  33 Reedy Lane, Elkton, MD 21921  20c, METHOD OF DISPOSITION  20b, PLACE AND DATE OF DISPOSITION DATE 20c, LOCATION — City of Town, State													
	20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremetion 3 Rem	oval from State	20b. PLACE	ANDDATE	OF DISPOSIT				DATE			City or Tow	n, State	
	4 Donation 5 Other (Specify) R.A. Ferris Crematory 3/11/96 West Chester, Penn											enna.		
	22. NAME AND ADDRESS OF FACILITY													
	Crouch Funeral Home													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate													
J	anock, or naert failure.	List only Dna cau	se on aach iina	h,			o. ayı.	ng, obo.		ac Di Teapi	ratory ar	reet,	interval	Between
	iMMEDIATE CAUSE (Final disease or condition	on.	21.10	1100	2-0/	,,,								ind Death
ŀ	reaulting in death)	B. DUE TO	OR AS A CONSE	OUENCE OF	ATM	7_			_			7	To YE	9RS
-		Cn	RNAIR	01/	so >	-60	U	7:	CEA	~~			10 YEA	
IFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	RONA OR AS A CONSEC	OUENCE OF	/ / K /	CR	/	-111-	SKA	76			10 7 64	785
3	cause. Enter UNDERLYING	c												
	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEC	DUENCE OF	F):									
ERI	resulting in death) LAST	d		_										
ပ	PART ii. Other algnificent condition	s contributing to	death but not a	equiting i	le the und	article a		lesson to 1	Don't I			1		
MEDICAL	HYPERTENS		CORCII DOL IIDI I	esuming i	iii iiie uiiu	errying	cause g	iven in	Part I.	24a. WAS AN PERFOR		1	VERE AUTOPSY WAILABLE PRIC	OR TO
									-	1 YES 2	NO NO		COMPLETION OF DEATH?	F CAUSE
	DIABETE	SME	CL170	15									YES 2	] NO
PHYSICIAN:	DID TOBACCO USE CONTI	GROTE TO CAL					UNC	ERTAIN	1 🗆					
$\overline{0}$	EXAMINER?	HOSPITAL:			OTHER:	ily one)								
₹S	1 YES 2 NO 27. MANNER OF DEATN	1   Inpatient 2		-				ildence	8 Other	(Specify)				
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B	2 Accident Investigation	280 BLACE OF	IN HOW As to	4000			ES 2 [	NO						
	3 Suicide 6 Could not be determined	building,	FINJURY — At hours, (Specify)	*****, # <b>#FTT</b> ), \$	HIBBI, TACTOR	y, office				TON (Street a Town, Stete)	nd Number	r or Rural Ro	ite Number,	
	290, CERTIFIER													
COMPLETED	29e. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner as stated.													
8		/	amination end/or l	mvestigatio	n, in my opi	nion, de	ath occure	d at the	time, date a	nd place, an	d due to th	ne cause(s)	ind manner ee	stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES  296. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)											ir)		

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2 MEDICAL EXAMINER: On 1	he basis of examto	ation end/or investigation, in	my opinion, death occured at the time, date and pla	ace, and due to the cause(s) end menner es stated.
IE AND TITLE OF CERTIFIED	11		Designation of the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the latest and the la	

170, 20 CRAIGTOWN
32. REGISTRAR'S SIGNATURE
Julia Dhwilson-Randall 31. DATE FILED (Month, Day, Year)

MAR 1 2 1996



## Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 09120

						$C\epsilon$	rtificat	e of	Death		R	eg. No.				
	Will a		1. Decedent's Neme (First, Middle, La	rst)							2. Dete of Dea	th		3. Time o	of Deeth	
	Physic		MYRA SELE	NT 7\	TOH	NSON					Month	Dey 1 4	Yeer	2.1	10 -	
4	/Medi		4a. Fecility Neme (If not Institution, gir			12011	-		4b. City. To	wn. or Lo	March ocation of Death		1996 y of Death	3:1	10 a.r	
м	Exami	ner			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							2000				
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	Funeral			Sex 1□M 21XTF	7. Age (In yrs 34		Months	Deys		Min.	8. Dete of Birth (Month, Dey 10 – 3	Year)	9. Birthpl	ece (State try)	or Foreign	
	Director		213-80-8949		34	113.					10-3	3-61	Wash	ingt	on DC	
	Pu		Usuel Residence of Decedent  10e. Stete 10b. County		10c C	ity, Town or L	ocation						10	Od. fnside (	City Limite	
	enyle a ho	-	MD Prince	George		ку, томпога		alm	ner P	ark			"		s 2 No	
	No No	Sch					T								, 2010	
	1 or 2	Director	10e. Street end Number				10f. Zip	Code			1	0g. Citizen of	Whet Count	try?		
	£3a €		7722 Muncy F	Road					207	85			USA			
	hours effer death with the Meryland turel', or flems 23a or 28a-f show all Examiner must be notified at	Funeral	11. Meritel Stetus	12. Wes Dece Armed Fo	edent Ever In U	J,S. 13.	Wes Deced	dent of	Hispenic Or	igin? (Sp	ecify Yes or No- Rican, etc.)	cify Yes or No-				
0	or h		12€Nover Merried 2 Married	1 Yes	2000											
21215-0020	S	b	3 Widowed 4 Divorced	If Yes, Giv Year or D			1 🗆 Yes	SE MINO	Specify:			Speci	y: Bl	ack		
9	72 ho natur	Completed	15. Decedent's E	ducation		16e. Dece	edent's Usue	ol Occu	petion			16b. Kind of E	3usiness/Ind	Justry		
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	Hygid Hygid ent, t	Bec	17. Fether's Neme (First, Middle, Las	)					ologist Filvate  18. Mother's Neme (First, Middle, Meiden Surname)							
an	Mental Mental arked o	8	John D. G	Johnson	1					Her	nrietta	Wald	10			
2	should nd Men marke	5	19e. Informent's Neme/Reletionship (Type, Print)  19b. Meiling Address (Street and Number or R											Codel		
Maryland	OI III III II		19e. Informent's Neme/Reletionship (Type, Print)  John D. Johnson/Father  19b. Meiling Address (Street and Number or Rui 7722 Muncy Road, Pa													
	Health Health em 27		•													
Baltimore,	Pages net of h		20e. Method of Disposition  1 Striai 2 Cremetion 3 D	Removel from	Stete	cemetery, cre	emetory or o	ther pla		. !	Dete 20c. Location - City or Town, State					
Ξ.	Pa Han		4 ☐ Donetion 5 ☐ Other (Speci		На	rmony	Mem	ori	al P	k	3/22 Landover, MD					
<u>=</u>	- 등록등		21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility													
0	82558	22. Name end Address of Fecility  J. B. Jenkins Funeral Home 7474 Landover Road, Landover, M														
	-		23a. Parf1. Enter the disease, or con	pilcations thet c	aused the dee	th. Do not er	ter the mod	e of dv	lng. such es	cardiec	or respiratory em	Lando est.	ver.	Approxima	20785	
8	Dhysisian		shock, or heart feilure. List only	one ceuse on e	ech line.									Approxima Interval Be Onset end	stween J Deeth	
o	Physician /Medical		Immediete Ceuse (Finel		Sin	2.0										
	Examiner		disease or condition resulting in deeth)	θ	Sep	813										
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	eeth certificate be executed attending physician and for use as the buriel-transit	хаг	Sequentially list conditions, if any, leading to Immediate cause, Enter Underlying Cause (Disease or Injury C.									1				
68760,	clan burie	a E														
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	0 0	Physician	Pert II. Other significant conditions of	contributing to de	eath but not res	sulting In the	underlying c	ause g	iven in Pert	l.	23b. Did tobacco use contribute to the cause of death?					
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S,		by F														
ĕ	E SO										24a. Wes e			re autopsy		
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Se Se	The law ate hes t page 2 s	E E											Of C	deeth?		
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of Vital	Attending Physician: This rideath.  ector: After this certificate by the funerel director, pag	Be	25. Wes case referred to medical examiner?						-	of Deet	h (Check only or	19)				
-	5 00 0	2	1 ☐ Yes 2 ☑ No	Hospital: 1 1	npalient 2	ER/Outpatie	nt 3 DC	DA O	ther: 4 Nu	ursing Ho	me 5 Reside	ence 6 □Ot	her (Specify	1)		
0	ter th		27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending	28e. Dete	of Injury th, Dey Year)	28b. Time Injury	of 2	8c. Inju	ury at		28d. Describe h	ow Injury occu	rred			
Division	ath.	atic	2 Accident Investigation			,,	М		]Yes 2□	No					00	
N S	lor Attending after death. Director: After In by the fune	E C	3 ☐ Suicide 6 ☐ Could not be determined	286. Piece	of Injury - At h	ome, ferm, s	reet, fectory	, office			28f. Location (S		ber or Rura	Route Nu	mber,	
	of affe	Certification:	4 LI Homicide	DUIIOII	ng, etc. (Speci	79)					City or Tow	1, 3(8(8)				
	Hospita 24 hours Funeral stely fille		29a. Certifier 12 Certifying Pt	ysician: To the	best of my kno	owledge, dee	th occurred	et the t	ime, dete en	d pleca,	end due to the c	ause(s) end m	enner as st	ated.		
	the Hospital or Attending Ph hin 24 hours after death. the Funeral Director: After thi mpletely filled in by the funeral	edical	(Check only 2 Medical Examone)	niner: On the ba	asis of exemine ner stated.	etion end/or la	nvestigetion,	in my	opinion, des	th occur	red at the time, d	ete end plece	, and due to	the cause	(s)	
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State of Maryland / Department of Health

and	Mental	Hygiene	96	0	9	1	2	

					Otato (	or mary		rtificate			Wellari	Reg. No.	0 031	21			
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V.	Physic /Medi		HOWARD		W.				<u>J</u>	JONES MARCH 12 1996 12:20P.							
المر	Exami	ner	4a. Facility Neme (If not insti			ım <i>bər)</i>			- 1	4b. City, Town, o	r Location of Dea	th 4c. County	of Deeth				
			6411 BUSHE					Milhadas d	V	TEMPLE			E GEORGE	-			
П	Funeral		5. Social Security Number	6. 9	Sex I□M 2□F		yrs. last birthdey Yrs.	Months	Deys	If Under 24 H	n. (Month, D		9. Birthpiace (State Country)				
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	aryland show		10a. Stete 10b. Co			10c.	City, Town or L	ocation					10d. Inside	City Limits			
	the Mary 28s-f sh	tor	Md. P.G. Temple										1,D Ye	s 2 No			
	72 hours after death with the Maryland nature!', or fterns 23a or 28a-f show areal Examiner invest to notified as	Funeral Director	10e. Street and Number					10f. Zip C	ode			10g. Citizen of	Whet Country?				
	th wit	alD	6411 Bushe	y Dr	ive			207	48			U.S.A.					
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an	d be sed o	986	John Jones	, ,					18. Mother's Neme (First, Middle, Meiden Sumeme)  Anna Mae								
Maryland	as 1 and 2 should be filed of Heeith and Mantal Hyg item 27 is marked other r other traumatic event,	Ĕ		tionship /	Type Print)		19b Meili	ing Addrass /	ATTTIA MAC								
Z			19a. Informent's Name/Reletionship (Type, Print)  Julian Jones (Son)  19b. Meiling Addrass (Street end Number or Rural Route Number, Cit.  2908 Willston Pl. Falls Chur														
e,			20e. Method of Disposition				b. Pieca of Disp	Disposition (Neme of y, cremetory or other place)  Dete 20c. Location - City or Town, State									
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Baltimore	- 트로크		4 Donetion 5 Other (Specify)  Maryland Veteran  21. Signeture of Funerel Served Depose  22. Name and Address of Facility														
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		2. 1	23e. Pert1. Enter the disease, or complications that caused the daeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line.											ete etween d Death			
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_	Hospital 24 hours Funeral staly filled		29a. Certifier 1☐ Cert	ifying Ph	yelclan: To the	!			the tin	ne, dete end nie	e, and dua to the						
	Ho. Ho.	edical	(Check only 2 Med one)	ical Exam	niner: On the b	asis of exam	inetion and/or in	vestigation, in	n my o	pinion, daeth occ	curred at tha time	, dete end pieca,	and due to the cause	(s)			
	To the Hospital or Attending Phywithin 24 hours effer deeth. To the Funeral Director: Affer this completely filled in by the funeral	Me	29b. Signeture end title of the	dijjer	M	11		29c. l	Licens	e number		29d. Dete signe	d (Month, Dey, Year)				
	m		•		4/	64			0.	C.M.E.		MARCH	13.1996				

State Registrar

31. Dete filed (Month, Dey, Year)

111 Penn Street, Baltimore, Maryland 21201

30. Name end addrass of person who complated cause of daeth (itam 23a) (Type, Print)

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H			YGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Wilton			nson		2. DATE OF MONTH March	DEATH DAY	996	EAR	3. TIME OF DEATH 6:47 A.M. M	
	4. SOCIAL SECURITY NUMBER 579-44-2412	1 🏹 M 2 🗆 F 1	(In yrs. lest birthday) 01 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	T DATE OF	BIRTH by, Ybar) 18	95 8.	BIRTHE	LACE (State or Foreign	
OR	90. FACILITY NAME (If not institution, give si Holy Cross Hosp				or Location of D er Sprin			Mont	OF DE	ATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  Maryland  Model Model	ontgomery	10c. CIT	y, town or locat					- 1	10d, INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 3000 Allegis Nursing &	McComas Av		101	20895				OF W	HAT COUNTRY? States	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ABMED 2 ANO						14. RACE — American Indian, Black, White, etc.  Specify: Black		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)	Ma Do NOT use retired t					16b. KIND OF BUSINESS/INDUSTRY			
OMP										on Family	
										(unknown)	
190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S									de)	20744	
ř	Joan A. Johnson (Great Niece) 6842 Southfield Road, Fort Washington, Mar									ryland	
	20a METHOD OF DISPOSITION 1 X Burlei 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of March 8, 1996) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of March 8, 1996) 20c. LOCATION - City or Town, State Suitland, Maryl 21. BIGNATURE OF DISPOSITION (Name of March 8, 1996) 21. BIGNATURE OF DISPOSITION (Name of March 8, 1996) 22c. LOCATION - City or Town, State Suitland, Maryl 22c. NAME AND ADDRESS OF FACILITY Latney's Funeral Ho 3831 Georgia Avenue, N.W.; Washington,										
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.										
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  s. Acute myococdes infarction  DUE TO (OR AS A CONSEQUENCE OF):										
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in dasth) LAST  d.										
EDICAL C	PART II. Other significant condition	s contributing to deeth b	ut not resulting	in the underlying	g cause given in		. WAS AN AU PERFORME	ED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	F DEATH YE	S 🗆 NO 🗆	] UNCERTAI	N O	,	•		YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIAL:	26. PLACE OF DEAT	TH (Check only one)	-						
IYSI	1 VES 2 NO 27. MANNER OF SEATH	1 Impatient 2 ER/Outp		4 - Nursing Hom	e 5 🗆 Residence						
ву рь	1 Mitural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1 1	RK? /ES 2 NO	28d. OEŞCRI	BE HOW INJ	URY OCCUR	ED		
ETED	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, (	street, factory, office		28f. LOCATIO City or To	N (Street end wn, State)	Number or I	Rural Ro	ute Number,	
COMPLET		CIAN: To the best of my know R: On the besis of exemination							nuse(e)	and manner se stated.	
TO BE C	296. SIGNATURE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DO 9834 3/								GNED (	Morgin, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WHO BARRY ROSENB,	AURY 37	20 FA	Print) RRAGUT	ACE.	KENS	SMG.	rev,	MI	20895	
BARRY ROSENBAUM 3720 FARRAGUT ACE. KEN SMIGTEN, MO 20131. DATE FILED (MONTH), Day, YOUNG TON, MO 20131. DATE FILED (MONTH), Day, YOUNG TON, MO 20131.											

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State of Maryland / Department of Health and Mental Hygiene 96

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Maryland	s i and 2 should be filed within 72 ho if Health and Mental Hygiene. Item 27 Is marked other than "natur other traumatic event, the Medical	To Be C	17. Father's Nama (First, Middla, L EDDIE L. DUNCA	-	,			18. Mothar's Name			ma)							
lan	2 sho and h ls ma		19a. Informant's Name/Ralationsh	lp (Type, Print)	19	b. Mailing Add	ass (Street	and Number or Run	al Routa Numb	er, City or Town	, Stata, Zip Coda	)						
	1 and 2 Heaith em 27 I		JULIETTE JACKS	ON/MOTHER				.E., WASH	I. D.C.	20020								
altimore,			20a. Mathod of Disposition  1 ☑ Burial 2 ☐ Cramation  4 ☐ Donation _ 5 ☐ Other (Sp		camara	of Disposition ( ary, cramatory NY MEMO	or othar piac		Data /11/96	20c. Location	- City or Town, S	iata						
alti	그른민준		21. Signature of Funeral Service L	**	IIAKPIO	22. Name	and Addras	s of Facility										
m	Depar Important		1 (Canto	a Caro				MASON FU				20020						
	Physician		23a. Part 1. Enter the direase, or o shock, or heart failure. List o			not antar tha r	noda of dyin	OPE RD. S g, such as cardiac	or raspiratory a	ASHINGIO	Appr	oximata val Between at and Death						
	/Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in death)	a. MUL	Dua to (or as a	_		oums										
8760,	cate be executed bhysician and the burial-transit	cian/Medical E	Sequentially list conditions, if any, leading to Immediate causa. Entar Underlying Causa (Disease or Injury	b	Dua to (or as a	consequence	of):				1							
9	death certificate to attending physical of for use as the to		n/Medic	/Medic	//Wedic	/Medic	//Wedica	//Wedica	that Initiated avents rasulting in death) Last	d	Dua to (or as a	consequance	of):				1	
Box	atter		Post II. Other plantfloors and the		h. A sea seas later													
, P.O.	the school		Part II. Other eignificant condition	e contributing to death	but not rasulting	in tha undariyir	ig causa giv	an In Part i.		Yes 21 No	ontributs to the d 3 ☐ Probably	4 Unknow						
Records,	s been s 2 should					· · ·				an autopsy ormed?	24b. Were au available complati of daath	prior to on of causa						
ď	0 - 0	E							100	Yas 2□No	10 Yas	2 No						
ita,	defan: Th	Be	25. Was casa rafarrad to medical axaminer?					26. Placa of Deatl	Check only	ona)								
of Vital	5 0	2	1 X Yas 2 No	Hospital: 1 ☐ Inpat	lant XIXER/O	utpatient 3	DOA Oth	ar: 4□ Nursing Ho	ma 5 🗆 Rasi	dance 6 Oth	nar (Specify)							
o uo	on the		27. Manner of Daath  1 Natural 5 Panding 2 Accidant invastige	(Month, D	28a. Date of Injury (Month, Day Year)  28b. Tima of Injury (Month, Day Year)  28c. Injury at Work?  1   Yas 2   No			28d. Dascribe how injury occurred  SWM 15CK 5 HOT  28f. Location (Streat and Number or Rural Route Number, City or Town, State)  4748 6 SWMWY (2056 W) 14W 17										
Division		Certification:	3 ☐ Suicida 6 ☐ Could no datarmin	building, a							V.							
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai (		Physician: To the best xaminar: On the basis and mannar s	of axamination as				and dua to tha	causa(s) and m	annar as stated.							
	To the within 2 To the comple	W	29b. Signatura and titla of cartifiar	1.			29c. Licans	number		29d. Data signa	ad (Month, Day, )	'ear)						
			Mourite	he Shell	.,-		0.C	.M.E.		MARCH	01,199	6						

State Registrar

31. Data filad (Month, Day, Year)

Margarita Korell M.D. 111 Penn Street, Baltimore, Maryland 21201

30. Name and address of person who complated cause of death (Itam 23a) (Type, Print)

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### Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Deta of Death 3. Time of Death Month Dey **Physician** YOLANDA DOLORES JENSEN MARCH 13, 1996 2259 /Medical 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CALVERT MEMORIAL HOSPITAL PRINCE FREDERICK If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days Hours Months 1 M 2 SF 79 087 07 5940 Yrs Director October 7 1916 New York Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show treumatic event, the Medical Examiner must be notified at Maryland Calvert Lusby 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 12250 Catalina Drive 20657 United States Herna 23a Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Biack, Whita, etc. 11. Marital Status filed within 72 hours after Hygiene. 1 Nevar Married 2 Merried white Baltimore, Maryland 21215-0020 1 Yas 2 No þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filled will Department of Haaith and Mental Hygien Important: if flem 27 is merked other that any injury or other traumatic event, Italy 2006. secretary Insurance Company 17. Fathar's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Sumeme) Be Joseph Nicastri Lilly Calamia 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Albert C. Jenesen-husband same as # 10 20b. Place of Disposition (Name of March 15 198) Metropolitan Funeral Service 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 X Cremation 3 ☐ Removel trom State 4 ☐ Donetion 5 ☐ Other (Specify) Alexandria Virginia 21. Signature of Funerel Service Licensee 22. Name and Address of Facility Rausch Funeral Home PA 4405 Broomes Is. Rd. Port Republic Maryland 23a. Pert1. Enter the diseasa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Onset and Death **Physician** /Medical Myerardial Infarction fmmedieta Causa (Finei disease or condition resulting in deeth) Examiner Examiner attending physician and for usa as the burial-transit Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): P.O. Box 68760. I or Attending Physician: The law requires that the deeth certificate be effer death. Physician/Medical Due to (or as a consequence of): signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ sata has been signated bage 2 should b Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to complation of cause of death? 20 No certificata 1 ☐ Yes 2 ☐ No Division of Vital director. Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient €ER/Outpatient 3□ DOA this funarai 28e. Dete of fnjury (Month, Dey Year) 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After 142 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident Director: 3 Sulcide 6 Could not be 28e. Place of Injury - At home, term, street, tectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital c within 24 hours of To the Funeral D completely filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. edical 29a, Certifier (Check only one) 29b. Signatura and title of certified 29c. License number 29d. Dete signed (Month, Dev. Year) 17610 MY 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) DAVID J. TARDIO, MD PRINCE FREDERICK, MD 20678 31. Dete tiled (Month, Day, Year) State 32. Registrar's Signeture Sandson Randall

Registrar

MAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should held within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOSPITAL OR	THE FUNERAL DIRE	MPORTANT: If Item	

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM	MENT OF HEA	ALTH AND I	MENTAL HYGIENI REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)		JEHN TOATE OF BEATT				2. DATE OF DEATH 3. TIME OF DEATH					
	LONNIE IRVIN	JACKSON				MONTH DAY	1996	7:01 AM M				
ě	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH		TTHPLACE (State or Foreign				
	214-07-0730  9e. FACILITY NAME (# not institution, give s		36 YAS.	DAYS H		(Month, Day, Year) AUG 14 190	Cor	W.VA.				
DIRECTOR	MEMORIAL HOSPITA			CUMBERLA			ALLEGA					
EC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.											
<b>E</b>	MARYLAND ALL	FCANY			LIMITS?							
	MARYLAND ALLEGANY CUMBERLAND  100. STREET AND NUMBER  100. ZIP CODE 10g. CITIZEN OF WHAT											
EB/	524 FORT AVE. 21502 U.S.A.											
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DECEN		IIC ORIGIN? (Specify Yee	or No- 14, R/	ACE — American Indien.				
	1 Never Merried 2 XXMerried	FORCES? 1 YE	DATES NO		Y Cuben, Mexice NO Specify	n, Puerto Ricen, atc.)	Bi	ack, White, etc.				
BÝ	3 Widowed 4 Divorced			*			WHITE					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S USI	UAL OCCUPATION done during most of	of working	16b. KIND OF BUS	INESS/INDUSTRY					
<b>H</b>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)				-1				
M	12		KELLY SP	RINGFIE	LD TIRE	CD. TIR	E MANUF					
8	17. FATHER'S NAME (First, Middle, Last)			10	8. MOTHER'S NA	ME (First, Middle, Maiden 3	Surname)					
BE	IRVIN JACKSON	<u></u>			EDITH	(UNK)						
2	19e. INFORMANT'S NAME (Type/Print)		196. MAILING AD	ORESS (Street and	Number or Rural F	Route Number, City or Town	, State, Zip Code)					
٦	HAZEL I. JACKSO	V	524 FOR	T AVE CU	JMBERLAI	ND MARYLANI	2150	2				
- 1	20e. METHOD OF DISPOSITION 1 ₩ Burlal 2 □ Cremetion 3 □ Rem		0b. PLACE AND DATE OF Cometary, crematory or other		of	DATE 20c. LOC	ATION — City or	Town, State				
	4 Donation 5 Other (Specify)		SUNSET CEME	TERY MAI			BERLAND	MARYLAND				
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	V CV			ADDRESS OF FAC	FUNERAL HO	ME					
	Wale I	Leinell			Land Ma		JME					
	23. PART I. Enter the diseases, or	omplications that caus	ed the death. Do not	entar the moda	of dying, such	h ss cardiac or respir	atory srrest,	Approximate				
	shock, or haart failure. List only one cause on each line.  interval Between  Onset and Death											
	disease or condition	- ACUTE MYOC	'ARDTAL THE	ARCTION				ONE HOUR				
ı	a. ACUTE MYOCARDIAL INFARCTION  ONE HOUR  DUE TO (OR AS A CONSEDUENCE OF):											
z I												
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):									
<u>8</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	с										
	that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):									
CERTIFICATION	resulting in dasth) LAST											
AL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS											
<u>5</u>				,,,,,		PERFORI	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
	1 TES 2 NO OF OE											
Σ	DID TOBACCO USE CONTI	DIBLITE TO CALISE	OF DEATH VEC		LINICEDTAIN			1 YES 2 NO				
Z	25. WAS CASE REFERRED TO MEDICAL	CIBUTE TO CAUSE	26. PLACE OF DEATH		UNCERTAIN	Y L L						
	EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Oulpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
PHYSICIAN: MEDIC	27. MANNER OF DEATH	280, DATE OF INJUR				6 United (Specify)  26d, DESCRIBE HOW IN	INDA OCCIDED					
	1 Natural 5 Pending	(Month, Day, Year	INJURY	WORK	WORK?		JOH! OCCURED					
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJU	RY — At home, farm, stree			28f. LOCATION (Street of	of South Number					
<u> </u>	4 Homicide 6 Could not be	City or Town, State)	81. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
9	29e. CERTIFIER											
COMPLETED	(Check only CERTIFYING PHYSI	CIAN: To the beat of my kno										
3		R: On the basis of examinat	ion and/or investigation, is	n my opinion, deati	h occured at the	time, date and place, and	due to the ceus	e(a) end manner ee stated.				
	29h. SIGNATURE AND TITLE OF CERTIFIER	1		29	C. LICENSE NUM		29d. DATE SIGN	NED (Month, Day, Year)				
2	1//Jamesa	4 ND			D 14865	)	MAR	18 1996				
	30. RAME AND ADDRESS OF PERSON WH	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	DR R. BARRERA	MEMORIAL HO	SPITAL MED	ICAL BUI	LDING_C	CUMBERLAND	MARYLA	ND 21502				
	MAR 1 9 199	6 July Alexander	NATURE PARTY									
		James de la la la la la la la la la la la la la	はままり									

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SICIANY: The law requires that the death certhicate be executed writin 24 hours after death. Pagi certificate has been signed by the attending physician and completely filled in by the funeral dir In the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	to morked as item 22 obsure any injury as other traumotive event the medical events as a neither as a constant
e law requires that the death certificate has been signed by the attending physical bept, of Health and Mental Hygiene or	remotic avent the madical avenue
	22 ohaws any injury or other
TO THE HOSPITAL OR ATTENDING PHYSICIAN: In TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State.	MADODIANT. 16 10cm 30 to mostad or Hard

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIEN REG. NO	_		
,	1. DECEDENT'S NAME (First, Middle, Last) Marie		Kundinge	r		2. DATE OF MONTH	_	ĵ'996 <sup>*</sup>	3. TIME OF DEATH 5:18	Рм
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8.	BIRTHPLACE (State or Foreig	
	140-32-4147	1 - M 2 X F 8	37 YRS.	MONTHS DAYS	HOURS MIN.	Aug.	31.		Germany	
	9e. FACILITY NAME (If not institution, give a	street end number)		9b. CITY, TOWN C	PR LOCATION OF D		51,	9c. COUNTY		_
DIRECTOR	1606 Oaklawn Driv	<i>r</i> e		Silver	Spring			Montgo	omery	
<u>E</u>	10e. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY	_
PIR	Maryland Mor	ntgomery	Si	lver Spi	ing CODE			I arms	LIMITS?	
R								100	OF WHAT COUNTRY?	
FUNERAL	1606 Oaklawn Dri	VE 12. WAS DECEDENT EVER II			20903				ed States	
	1 Never Married 2 Merried	FORCES? 1 YES	2 V NO	If yes, sp	ENDENT OF HISPA ecify Cuban, Mexico	an, Puerto Ric		or No- 14.	. RACE — American Indian, Black, White, etc.	
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 X NO Specif	<i>y</i> :			Specify: White	
	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	18b. K	UND OF BU	SINESS/INDUS		
ET	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT us	work done during mo se retired.)	st of working	1				
7	Lienter y occornially (0-12)		Sewing M	achine O	perator	1	Manuf	acturi	nø	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA					
	Ludwig Stadelman	ın			Ther	esa S	taab			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e				n, State, Zio Co	de)	
2	Ruth Bristow		1606	Oaklawn	Drive S	dilver	Spri	no Ma	ryland 2090	3
	20e. METHOD OF DISPOSITION	201	b. PLACE AND DATE			DATE	-		or Town, State	_
	1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		metery, crametory or o			3/10		New Ma	irket, VA	
	21. SIGNATURE OF FUNERAL SERVICE LI				D ADDRESS OF FA				al Chapel	
	A STANCE	9 111	-120	() [						
	22 BATTLE TOUR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF	C. 140		<u> </u>					Virginia	
	23. PART I. Enter the diseases, or ahock, or heert fellure.	List only one ceuse on e	ech line.	not enter the mo	de of dying, suc	on ae cardia	ic or reap	iratory arrest	interval Betw	reen
	IMMEDIATE CAUSE (Final disease or condition	1 1		. 1					Onset and D	eath
	resulting in death)	e. Malign	ACONSECUENCE O	ram 4	mar				- / mon	+
	_	e. Malign DUE TO (ORAS)  D. Plasma	COLL	r).					21.	
CERTIFICATION		DUE TO (OR AS	A CONSEQUENCE O	F):	asia	-			Joseph	LV
Ä	If any, leading to immediate cause. Enter UNDERLYING									
E	CAUSE (Disesse or injury that initieted events	DUE TO (OR AS	A CONSEQUENCE O	F):						
H	resulting in death) LAST	4								
		-								
A	PART II. Other significent condition	ns contributing to death i	but not resulting	in the underlying	g cauee given in	Pert I.	PERFOI		24b. WERE AUTOPSY FINDI AVAILABLE PRIOR TO	NGS
8						_	1 TYES	NO X	OF DEATH?	3E
ME									1 TYES 2 NO	
PHYSICIAN: MEDICAL	DID TOBACCO USE CONT	RIBUTE TO CAUSE C			UNCERTAI	N 🗆 📗				
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER:						
YS	1 YES 2 KNO	1   Inpatient 2   ER/Out		4 - Nursing Hom	e 5X Reeldence					
	27. MANNER OF DEATH  12 XNetural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WO	URY AT	28d. DESC	RIBE HOW	INJURY OCCUR	RED	
BY	2 Accident Investigation				YES 2 NO					
60	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe	Y — At nome, term,	atreet, factory, offic	•		TON (Street Town, State		Rural Route Number,	
H.	AN OFFICER									
릴	enni	BICIAN: To the best of my know								
COMPLETED	2 MEDICAL EXAMIN	ER: On the basie of examination	on end/or investigation	on, in my opinion, d	leath occured at the	e time, date e	nd place, e	nd due to the c	seuse(s) end menner ee state	rd.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	in Ch			29c. LICENSE NU			29d. DATE S	IGNED (Month, Day, Ybar)	
TO B	twise	N. 27/45	5~		D430	083		Mai	ch 9, 1996	
	30. NAME AND ADDRESS OF PERSON WI	Sot Dara M	9701	Print) Med	ical Ct	T DA	e. 6	Pockus	1/2 md	
	31. DATE FILED((Mo)th, Day, Year) MAR 1 4 1996	32 REGISTRAR'S SIGN	NATURE							
- 1	MAK 1 4 1330	DEPARTURE	THE REAL PROPERTY.							

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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Certificate	e of	Death			Reg. No.		
	Dharala		1. Decedent's Nema (First, Middle, Las	•				-		2. Data of De Month	eath Day	Voor	3. Tima of Death
	Physic /Medi		WILLIAM Freder	rick	KLE	INHEN				MARCH	13, 199	Year 6	0250
	Exami		4a. Facility Nama (If not institution, give	e street and number)				4b. City, To	wn, or Lo	cation of Deat	h 4c. County	of Death	
			CALVERT MEMORIAL	HOSPITAL					E FR	EDERIC	CALV	ERT	
	Funeral Director		5. Social Security Number 6. S 216 44 2635	ex 7. Aga M 2□ F	(In yrs. last birt	hday) If Undar Months	1 Year Days		24 Hrs. Min.	8. Data of Bir (Month, De July 2	1906	Coui	piaca (Stata or Foraign ntry) Land
	land		10a. Steta 10b. County		10c. City, Town	or Location						1	10d. Insida City Limits
	Mary Mary	tor	Maryland Calver	t	Hun	tingto	wn						1 ☐ Yes 2 No
	7 284	irec	10e. Street and Numbar			10f. Zip	Coda				10g. Citizan of	Whet Cou	ntry?
	Ja o	JE D	5133 Shore Dri	ve					206	39	U	SA	
020	72 hours after death with the Maryland "natural", or frems 23a or 28a-f show adjust Examiner rough on notified at	by Funeral Director	11. Maritel Status  1 □ Nevar Married 2 ☑ Married  3 □ Widowed 4 □ Divorced	12. Wes Decedent Ender Armed Forcas? 1 ☐ Yas ZZ Notif Yes, Give Yaer or Datas:			city Cut	Hispanic Orban, Maxical Specify:	n, Puarto	ecify Yas or No Rican, atc.)		ck, Whita,	
0	2 hou		15. Decedant's Ed	lucetion	16a.	Decedant's Usue	i Occu	petion			16b. Kind of B		
218	<u>_</u> _ <u>_</u>	Completed	(Specify only highast gra	de com <i>plated)</i> College (1-4or 5+	)	(Giva kind of wor lifa. DO NOT us	rk dona sa retire	during mos d)	it of worki	ng			
21	giene.	OT	12	55/10ge (1 45/15/15/		chinist/	cat	aloqu	e spe	ecialis	t Naval	Gun	Factory
pu	be filed within ital Hygiene. d other than event, to West	Be	17. Fether's Neme (First, Middle, Last)					18. Moth	ar's Neme	(First, Middle	, Maidan Sumer	ne)	
yla		To	Harry Alvin Kleir	hen				Maude	e Tr	racy			
, Maryland 21215-0020	S DE E		19a. Informent's Name/Raiationship (1 Barbara A. Malloy			Mailing Addrass 1 Coove					-		Coda)
ore	of He		20a. Mathod of Disposition 1 ☑ Buriei 2 ☐ Cramation 3 ☐	D	20b. Piaca of cematar	Disposition (Nam	ne of thar pla	ice)		Deta	20c. Location	- City or To	own, Stata
<u>E</u>	Peg nent ent: h		4 □ Donation 5 □ Other (Specify			n Park C			3/16	5/96	Baltim	ore,	MD
Baltimore,	permit. Peges 1 and 2 Department of Health e Important: If item 27 is any Injury or other tra		21. Signeture of Funaral Sarvice Lican	Saa Ol		22. Nama and			•				20726
		Н	23a. Part1. Entar tha disaasa, or comp shock, or heert failura. List only	olications hat caused to	ha daath. Do n						, Owing	s, ML	Approximata Intervai Batween
	Physician /Medical Examiner	Examiner	Immediata Causa (Final disaasa or condition rasulting in death)		oua to (or as a c	Pherical ():	fi	8+20	Ke				Onset and Death
Box 68760,	eath certificate be executed ettending physician and for use as the buriel-transit	Medical	Sequantially list conditions, if any, laading to immadiate causa. Entar Undartying Cause (Disease or injury that initiated avants resulting in daath) Last	c. P Can	tue to (or es a c	onsaquance of): onsequence of):	7	•					
P.O. B	thet the death	Physician/	Pert II. Other eignificant conditions co	ontributing to death but	not resulting in	tha undarlying ca	ause gi	ven in Part I	l.	23b. Dld	tobacco uee co Yee 2□No		o the cause of death?
Records,	requires t	Completed by								24a. Was perfo	an autopsy imed?	av	are autopsy findings gallabla prior to empletion of causa
Re	The law ete hes t pege 2 s	m								7994	_/	1100	death?
a			THE Who was referred for the stand		/			70.27		10	No. Adminis	- 11	☐Yes 2☐ No
of Vital		o Be	25. Was case referred to medical examiner?	Hospital:		-7	Ot	bar		(Check only			-
	Jing h. After fune	tion: To	27. Mannes Death 1 Di Natural 5 Pending 2 Accident investigation	1 Dinpatient 28a. Date of Injury (Month, Day)	28b. T		Ba Inju Wa	4UN	1		dence 6 Oth how injury occur		y)
Division	or Att	Certification:	3 Suicida 4 Homicida	28e. Place of Injury building, etc.	y - At home, far (Specify)	m, street, factory	, affice		2	28f. Location ( City or To	Street and Numi wn, Stata)	ber or Run	al Routa Number,
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	edicai (	29a. Cartifiar (Check only one)	valcian: To the best of liner: On the basis of a and manner state	xamination end	deeth occurred a /or Invastigation,	at tha ti	me, date en opinion, dea	d piace, a	and dua to tha ad at tha tima,	causa(s) and m data and place,	annar as s and dua to	tated. o the cause(s)
	To the To the Company	Z	29b. Signeture end titla of certifier	^	4	29c	Licen	se number			29d. Dete signe	d (Month,	Dey, Year)
			ANDRONA GALLA	Lour	lan-	0	171	681			3/13/0	16	
	(0)		30, Name and addrass of person who of	complated sause of das	oth (Itam 23a) (		. 1	P	vir	nce	Freak	evi	ckmza
Ī	Sta Registr	_	31. Data filed (Month, Day, Year) MAR 1 9 19	96 32. Registrer	's Signatura Auction-Ro	rdall							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF I			MENT OF H		ENTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)			_		2. DATE OF DEATH	YEAR	3. TIME OF DEATH	
	JACK ALFRED		,	T, Sr.		3 4	96	054541	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. AGE (In yrs. las 48		MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 28, 1	.947 Mar		
~	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN O	R LOCATION OF DEAT	гн	9c. COUNTY OF	DEATH	
DIRECTOR	Garrett County Memorial H	lospital		0ak:	and		Garre	tt	
REC	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	MD Garrett			0ak.				1 TYES 2 X NO	
FUNERAL	2791 Sand Flat Road			101.	21550	n	10g. CITIZEN OF	WHAT COUNTRY?	
NS	11. MARITAL STATUS 12. WAS DECEDEN	IT EVER IN U.S. AF	RMED	13. WAS DEC		ORIGIN? (Specify Year	or No — 14, RA	CE — American Indian,	
BY F		YES 2 X	МО		elfy Cuban, Maxican, 2 X NO Specify:		ock, White, etc.  White		
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE	CEDENT'S	USUAL OCCUPATIO	N at all working	16b. KIND OF BUSI	NESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5	life	. Do NOT us	retired.)	or Worlding				
DMF	17. FATHER'S NAME (First, Middle, Last)		Sale	sman	16 MOTHER'S NAME	LITE IT	nsurance		
	Alfred J. Kight					ris Lee Ca			
) BE	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (Street a		ute Number, City or Town			
2	Audrey R. Kight	14	2791	Sand Fla	at Road,	Oakland, N	laryland	1 21550	
	20a METHOD OF DISPOSITION 1 M Burlet 2 Cremation 3 Removal from State	cemetery, cre	matory or oth	F DISPOSITION (Na her place)			ATION — City or		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Garre	EE CO	. Mem.	D ADDRESS OF FACIL	3/24 0ak	tand, Ma	aryland	
	· Breller A Deco				art Funer Second	al Home St., Oakla	and, MD	21550	
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one car	it caused the deuse on each line	ath. Do n					Approximata interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Lute	M	yo cu	rdtal	l In	fare	Opent and Dooth	
NO	Sequentially list conditions, b.	(OR AS A CONSE	0021102 01	,					
CAT	cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	(OR AS A CONSE	OUENCE OF	):					
CEH	d								
AL	PART II. Other algnificant conditions contributing to	resulting in the underlying cause given in Pert i. 24s. WAS A PERFC					Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC						1 YES 2	NO	OF DEATH?	
Σ.	DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEA	TH YE	S IZ NO [	UNCERTAIN	M		1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL			H (Check only one)	OTTOLKIZATI				
YSIC		ER/Outpatient 3	DOA	OTHER: 4 (1) Nursing Hom	5 - Residence 6	Other (Specify)			
	1 Matural 5 Pending	F INJURY Day, Year)	26b. TIME INJI		RK?	28d. DESCRIBE HOW IN	JURY OCCURED		
red BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 4 Homicide detarmined  28s. PLACE OF INJURY — At home, tarm, atreet, factory, office building, atc. (Specify)  28s. PLACE OF INJURY — At home, tarm, atreet, factory, office City or Town, State)								
COMPLET	29a. CERTIFIER (Check only	f my knowledge, de	eath occurre	d at the time, data	and place, and due to	the cause(s) and meni	ner as stated.		
NO.	0/10) 2 MEDICAL EXAMINER: On the basis of a	xamination and/or	Investigation	n, in my opinion, d	eath of Cured at the tie	me, data and place, and	due to the cause	e(s) and menner as stated.	
8	29b. SIGNATURE AND PLAN OF CERTIFIED AND AND AND AND AND AND AND AND AND AN	ega !	De No	its Mad	ACENSE NUMB	154	29d. DATE SIGNI	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALL	ISE OF DEATH (ITE	M 27) (Type,	Print)	4	0.10	and	17170	
/	31. DATE FILED (Month, Day, Year) 33. REGISTR	AR'S SIGNATURE	L.	77511	way	0410	14.10	They cand	
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Pages 1, 2, 3 should permit. use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for ion, or removal. once. 75 notified 99 examiner must medicai other traumatic event, the n and completely fi to burial, cremation prior to by the attending physician and Mental Hygiene prior to 10 Injury, shows any Health a certificate has been in the State Dept. of h AR. 23 Item OR ATTENDING PHYSICIAN: this certific with the S 10 marked, TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If item 28 is marke

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR **EDWARD** KOCH Jr. 1996 March 8, М :31 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Feb 24, 1 X M 2 - F 1926 70 215-20-6004 9a. FACILITY NAME (If not inatitution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Cumberland Allegany 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Cumberland t 🗓 YES 2 🗌 NO Allegany FUNERAL toe, STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21502 Mexico Farms 14112 Airport Lane 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. t Never Married 2 Merried It yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced white WW II ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) COMPL Kelly-Springfield Tire Co. Retired 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Alice Julia (Kelly) Edward W. Koch, Sr. t9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code, 2 1752 Barbara Circle; Bear, DE Brenda Goodhue 20e, METHOD OF DISPOSITION
1 Surial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata Davis Memorial Cemetery 03/10 Cumberland, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502 23. PART | Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between **Onset and Death** IMMEDIATE CAUSE (Final disesse or condition . Community Acquired Pneumonia resulting in death) 5 days DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO - Immune compromised host Esophageal candidiasis t TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

, [] Hermone	001871111100				
29a. CERTIFIER (Check only	1 CERTIFYING PHYSICIA	N: To the best of my knowledge, de	with occurred at the time.	, data end place, and	due to the cause(a) and menner as stated
onel	- C				

28a. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)

28b. TIME OF INJURY

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 295, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

OTHER:

4 Nursing Home 5 Residence 8 Other (Specify)

D 14865

28d. DESCRIBE HOW INJURY OCCURED

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

March

28c. INJURY AT WORK?

1 YES 2 NO

Zune 12 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. R. Barrera, Memorial Hospital MEdical Bldg., Cumberland, MD

31. DATE FILED (Month, Day, Year) MAR 1 3 1996

5 Pending Investigation

8 Could not be

1 YES 2 NO

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

BY

ETED

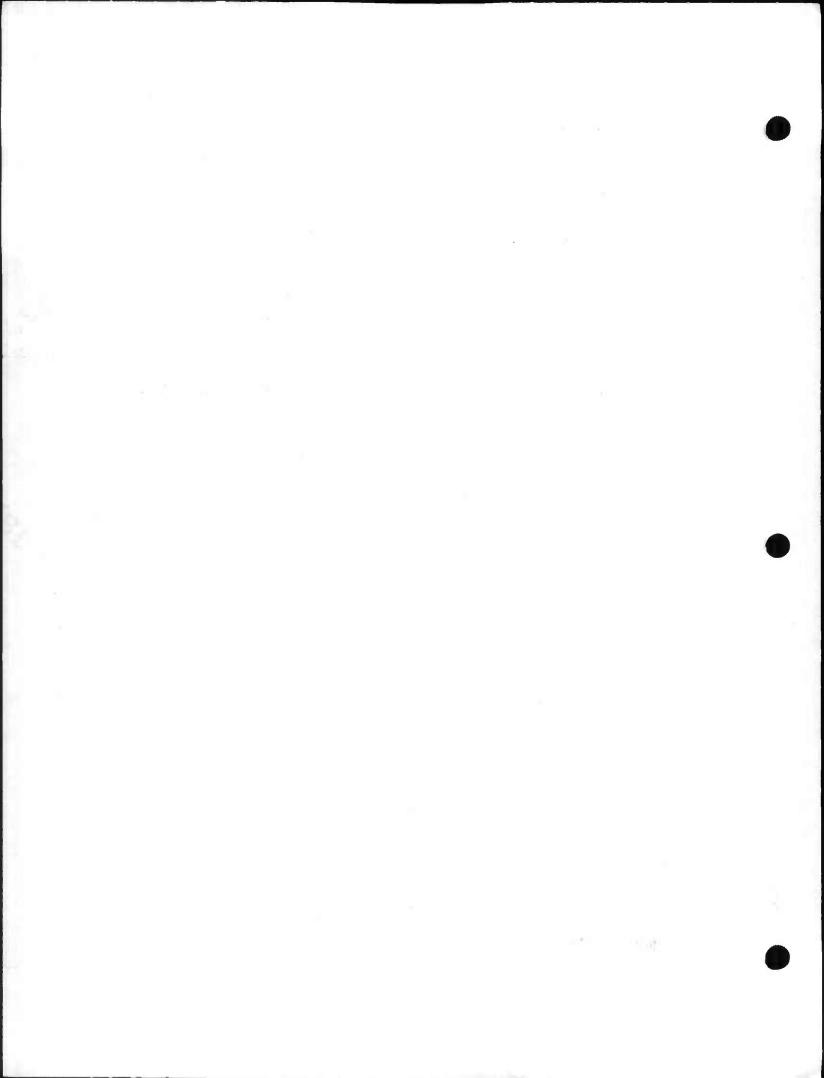
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HOSPITAL:
1 Dispetient 2 DER/Outpetient 3 DOA

28a. DATE OF INJURY (Month, Day, Year)



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Death 3. Time of Death **Physician** Virginia Keller 15, 1996 1130 AM Marion march /Medical 4a. Fecility Name (If not Institution; able street end number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Washington County Hospital Hagerstown
If Undar 24 Hrs. 8. Date
Hours Min. 6. Mo Washington If Under 1 Yaar Months Deys 8. Date of Birth 9. Birthplace (Stete or Foreign Month, Dey Year) 918 Maryland 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1□M 2V2F 214-09-6819 77 Director Usuel Residence of Decedent death with the Maryland permit. Peges 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Heelth and Mentel Hygiene. Important: If item 27 is merked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Example on the Indified at ODEs. 10b. County 10c. City, Town or Location 10d. Inside City Limits Y☐ Yes 2☐ No Director Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 39 East North Avenue 21740 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Marital Status 14. Race - American Indian, Black, White, atc. 1 ☐ Yes 2 XNo If Yes, Giva Year or Dates: 1 ☐ Never Merried 2X Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Administration U.S. Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Albert Bailey Elliott Daisev Cordelia Giffin 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Robert E. Keller 39 East North Ave., Hagerstown, Md., 21740 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Mathod of Disposition Dete 20c. Location - City or Town, State 1 X Burlal 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) Rest Haven Cemetery 03-18-96 Hagerstown, Maryland 21. Signeture of Funaral Sarvice Licensee Andrew K. Coriman Funeral Home, Inc. R. heel Brade 40 E. Antietam St., Hagerstown, Md. 21740 23a. Part1. Entar the disease, or complications that saused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onsat and Deeth **Physician** PNEUMONIA Immediate Cause (Final diseese or condition resulting in death) /Medical Examiner BRUNIM ECHAIN Examiner physicien and the buriel-transit certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Box 68760 Physician/Medical attending esn Division of Vital Records, P.O. ed by the a Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2000 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of ceuse of death? 24a. Wes an autopsy performed? Completed peen 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was cesa referred to medical examiner? Be 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 IN 2 1 Phpatient 2 ER/Outpatient 3□ DOA funeral 28a. Date of Injury (Month, Dey Year) Hospital or Attending Ph.
 24 hours after death.
 Funeral Director: After th. 27. Manner of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending Investigation 1 Naturel 1 Yes 2 No 2 Accident 28f. Location (Streat and Number or Rurel Route Number, City or Town, Stete) To the Hospital or Atterwithin 24 hours after dea To the Funeral Director completaly filled in by the Could not be 3 Suicide 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homloide edical 29a, Certifier Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medicel Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(s) end manner stated. 29b. Signature and 29d. Dete signed (Month, Day, Year) 30. Name and add Howell Road Hagerstown

State Registrar A STATE OF THE STATE OF

DIVISION OF VITAL RECORDS, P.O. BOX 68760 HOSPITAL OR ATTENDING PHYSIC

PHYSICIAN:

BY

COMPLETED

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IMPORTANT:

DIRECTOR: After the hours after death vilem 28 is mark

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physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per		
r attending	use as the		
PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	etached for		nce.
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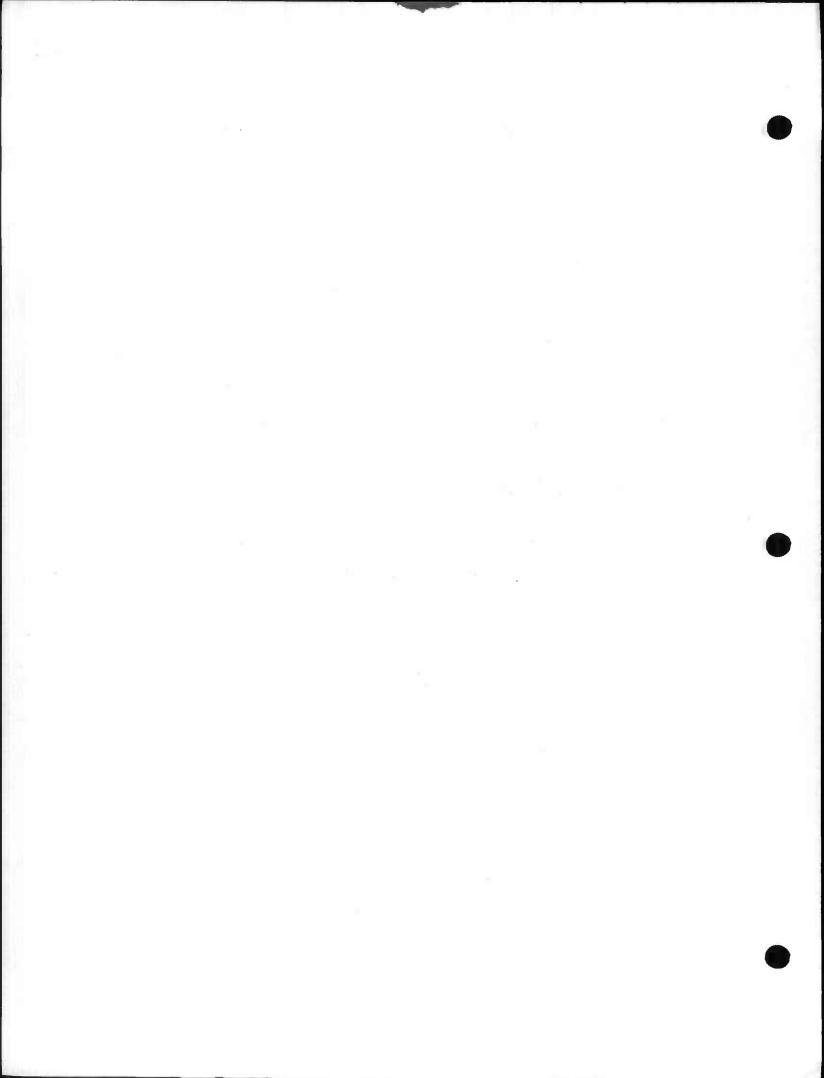
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 4. SOCIAL SECURITY NUMBER KOMPANEK MARCH 14 1996 7:30 A M BELLE 6. BIRTHPLACE (State of Foreign Country) Virginia 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
Dec. 29, IF UNDER 1 YEAR DAYS HOURS West Viginia 215-34-4690 1 🗆 M 2 💢 F 1913 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sacred Heart Hospital Cumberland Allegany RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Allegany Cumberland 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 625 Frederick St. 21502 12, WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married specifyWhite 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Sales Clerk Department Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Hiram Rubenstein Dora Dent (Davis) 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rudolph J. Kompanek 625 Frederick St., Cumberland, MD 21502 METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Buriel 2 Cremetion 3 Removal from State

Donation 5 Other (Specify) Sunset Memorial Parl 3/17/96 Cumberland, MD 22. NAME AND ADDRESS OF FACILITY Kight Funeral Home 309-311 Decatur St., Cumberland, MD 21502 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata interval Between ehock, or heart fellure. List only one Onset and Death IMMEDIATE CAUSE (Finel ACUTE LYMPHOBLASTIC LEUKEMIA disease or condition resulting in death) Sequentially liet conditions. DUE TO (OR AS A CONSEQUENCE OF if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events reaulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS ASCID CONGGETTIVE FAILURE AVAILABLE PRIOR TO COMPLETION OF CAUSE BIFOLAR DEFRESSION 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO LUNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only o HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 1 TES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, lerm, street, lectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opin occured at the time, data and place, and due to the cause(s) and mennar as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, MARCH 18

DHMH-16 Ray 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 09 133

					Certificat	e of Death	R	eg. No.	
	Physic	an	Decedent's Neme (First, Middle, Last)		78	1	2. Date of Deet Month	-	3. Time of Death
	/Medi		Geoffrey Bria		Lattis		FEBRUAR	129 96	1305
j,	Exami	ner	4e. Fecility Name (If not institution, give street and number) Washington County Hospit			4b. City, Town, or L Hagerst		4c. County of Death Washins	
-	-			e (In yrs. last bii	rthday) If Under				
	Funeral Director		5. Social Security Number 216-06-8031 6. Sex 7. Ag Usual Residence of Decedent		Yrs. Months	Days Hours Min.	8. Date of Birth (Month, Day, July 2,	Year) Cou 1963 Wash	place (State or Foreign niny) nington, D. C
	yland		10a. State 10b. County	10c. City, Tow	m or Location				10d. Inside City Limits
	Mar a-f et	ctor	Maryland Prince Georges		Landover				12 Yes 2 □ No
	th with the 23a or 28	al Director	10e. Street end Number 1914 Allendale Court		10f. Zip	20785		Og. Citizen of What Cou United Stat	
Maryland 21215-0020	n 72 hours after death with the Maryland "neturel", or frema 23a or 28a-f show odical Examiner must be notified at	by Funeral	11. Maritel Status  12. Was Decedent Armed Forces?  1 ☐ Yes S  1 ☐ Yes, Sive Year or Detes:		13. Was Deced If Yes, spec	dent of Hispenic Origin? (Sicily Cuben, Mexicen, Puerto	pecify Yes or No- pecify Yes or No- pecify Yes or No- pecify Yes or No-	14. Rece - Ameri Black, White Specify: B1 a	etc.
5-0	72 ho	sted	15. Decedent's Education (Specify only highest grade completed)	16a	Decedent's Usua	ai Occupation rk done during most of work se retired)	kina	16b. Kind of Business/Ir	dustry
121		Completed	Elementary/Secondary (0-12) College (1-4or : 12th grade	5+)	Mainte	nance Worker	Ving	None	
2	e filed within II Hygiane. other than "	S	17. Father's Name (First, Middle, Last)		naince		ne (First, Middle, M		
an	d is b	Be C	Joseph Calleia	T.a	ttisaw	Mary	Fran		ff
Z	2 should be and Menta le marked	To	19a. Informant's Name/Relationship (Type, Print)			(Street and Number or Ru			
	alth ar 27 le		Joseph C. Lattisaw (father			ndale Court,			
Baltimore,	ages 1 and of He t: If Itam		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State  4 ☐ Donation 5 ☐ Other (Specify)	20b. Place o cemete	of Disposition (Nar ary, crematory or o	ne of other place) March 5 ony Memorial	,1996	20c. Location - City or T	own, State
alti	permit. Page: Department of Important: If i any injury or once.		21. Signature of Funeral Service Licensee			d Address of Fecility L			
m	Depa Impo any i		Show Butney Gun	<i>~</i>		eorgia Avenu	-		
			23e. Part 1. Enter the disease, or complications thet caused shock, or heert failure. List only one cause on each li	I the deeth. Do	not enter the mod	le of dying, such es cardiec	or respiretory arre	est,	Approximate Interval Between
	Physician /Medical					muystis			Onset and Death
п	Examiner			Due to (or as a	consequence of):			1	
	Pa is	Examiner	- Heavi	RED	IMMU	JE DEFICI	ENCY	SYNDROME	5
	rificata be executed ng physician and s as the burial-transit	хап	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury c.		consequence of):				
68760,	siclan burie								
68	ificate g phy as the	Medical	resulting in death) Lest	Due to (or es e	consequence of):				
Box	ng ipu		d						
	the atter	sicia	Part II. Other significant conditions contributing to death b	ut not resulting i	n the underlying o	euse given In Part I.	23b. Did to	bacco use contribute t	o the cause of death?
, P.O	the sch	by Physician/			, ,		1 🗆 Y	2 3 Pro 3 Pro	bebty 4 Unknown
Division of Vital Records,	requir been s should	Completed t					24a. Was a perform	ned?	fere eutopsy findings reliable prior to ompletion of ceuse death?
Re	The law ate has b page 2 s	omp					1 □ Ye		Yes 2 No
ta		Bec	25. Was cese referred to medical			26. Place of Dea	th (Check only on		20110
>	yslci.	To B	examiner? 1 Yes 25 No Hospital: 1 Impatie	ent 2 ER/Ou	utpatient 3 DC	Other		ince 6 Other (Speci	(v)
o uoi	Attending Physician: In death. ector: After this certific by the funeral director,		27. Manner of Death  1 Naturai 5 Pending (Month, Day 2 Accident Investigation		Time of 2	8c. tnjury at Work? 1 Yes 2 No		ow Injury occurred	,
Divis	可見	Certification:	3 ☐ Suicide 6 ☐ Could not be	ury - At home, fa : (Specify)	arm, street, factory	/, office	28f. Location (St City or Town	reet and Number or Rur i, State)	al Route Number,
	To the Hospital within 24 hours of the Funeral Completely filled	edical C	29a. Certifier (Check only Contifying Physician: To the best of and manner ste	examination an	e, death occurred d/or investigation,	at the time, date and place, In my opinion, deeth occur	and due to the ca red at the time, de	use(s) and manner as a ate and place, and due t	stated. o the cause(s)
	To the within To the	Me	290. Signature and title of pervilles	MI	290	. License number	2	9d. Date signed (Month,	Dey, Year)
			· · · cremy	עון ו	Ī	741786		3/1/0	76
	(2)		30. Name and address of person who completed cause of d	eath (Item 23a)	(Type, Print)	hill ave	nuo, Ho	gerstow	И
ì	Sta Registr		31. Date filed (Month, Day, Year)	ar's Signature	44		· · · · · · · · · · · · · · · · · · ·	1M1) 21	140

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# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and recompletely filled in by the innertal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTI
1. DECEDENT
Edg
4. SOCIAL SEC
220-1
9e. FACILITY N
BERLI
RESIDENC
10e. STATE
MARYLA
10e. STREET A
PO BOX
11, MARITAL S
1 Never Ma

TO BE COMPLETED BY FUNERAL DIRECTOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG	a. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA			3. TIME OF DEAT	Н
Edgar C		Larmore			March	15	1996	5:55	рм
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR		8. BIRTI	HPLACE (Sinte or Fo	reign
220-10-9536	1 M 2 F -	79 YAS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Y		MAR	YLAND	
9e. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN	OR LOCATION OF D			UNTY OF C		
BERLIN NURSING &	REHAB. CENT	ER	BE	RLIN		W(	DRCES	TER	
10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION				10d, INSIDE CITY	
MARYLAND WORCE	STER		R	ERLIN				LIMITS?	NO
10e. STREET AND NUMBER				. ZIP COOE		10g. C	ITIZEN OF	WHAT COUNTRY?	
PO BOX 799				21811			U.S		
1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPAI ecity Cuben, Mexico	NIC ORIGIN? (Spec in, Puerto Rican, e	ify Yes or No— tc.)	14. RACI Blac	E — American India k, White, etc.	m,
3 Widowed 4 Divorced	IF YES, GIVE WAR OR O	PATES	1 🗌 YES	2 NO Specif	y:		Spec	"y: ITE	
15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S U	ISUAL OCCUPATION	ON .	16b, KIND (	OF BUSINESS/I		LIC	
(Specify only highest grade co	College (1-4 or 5+)	(Give kind of wo	ork done during ma	st of working					
8	College (1-4 or 3+)	TRUCK D	DTVED		TD	ANSPORT	FATTO	A.I.	
17. FATHER'S NAME (First, Middle, Last)		I THULK D	DIVEN	18. MOTHER'S NA	ME (First, Middle, A			N	
ESAU LARMORE				LENA L			,		
19e. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	AOORESS (Street a	nd Number or Rural		or Town, State.	Zip Code)		
HOPE TAYLOR				AND ROAD			21870	0	
20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remove	ral from State	b. PLACE AND DATE OF	F DISPOSITION (No	me of	OATE 2	Dc. LOCATION	— City or To	own, State	
4 Donation 5 Other (Specify)		ALISBURY	CREMATO	RY	3/16 5	SALISBL	JRY.	MD.	
21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE			ADDRESS OF FA			,	0405	
the west of the	MO MO	0295		N FUNERA		DDZNOS		2185	3
D. PANT I. Entar the diseases, or con	mplications that couse	d the death. Do no	ot enter the mo	SOMERSE de of dving, suc	h as cardiac or	PRTNCE	SS AF	Approxima	oto
shock, or heart fallure. Li	st only one causa on	each lina,				10.11.00		Interval Be	etween
MMEDIATE CAUSE (Final disease or condition	ton	A CONSEQUENCE OF	Roser	(M) x	1 14			Onset and	Destn
resulting in death) s.	DUE TO (OR AS	A CONSEQUENCE OF	10000	1110 101				vouy	
	all a							Mont	/
Sequentially list conditions, if eny, leading to immediate	QUE TO (QE AS	A CONSEQUENCE OF							
csuse. Enter UNDERLYING CAUSE (Disesse or Injury	JRMI	11tm-	116	e.				784	-
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	1						-
resulting in deeth) LAST									
PART II. Other significent conditions	contributing to death	nut not sociales la	the read of the						
610 CV 17 -	commuting to death t	out not resulting in	i tha underlying	ceuse given in	Part I. 24a. W	AS AN AUTOPS ERFORMED?	Y 24b	WERE AUTOPSY FIL AVAILABLE PRIOR	то
					1 D Y	ES 2 X NO		OF DEATH?	AUSE
								1 TYES 2 A	10
DID TOBACCO USE CONTRI	BUTE TO CAUSE C			UNCERTAI	NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	OTHER:						
1 TES 2 XNO	Inpatient 2   ER/Out			e 5 🗆 Residence	8 Other (Specific	y)			
27. MANNER OF DEATH  Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	RK?	28d. OEŞCRIBE I	HOW INJURY O	CCUREO		
2 Accident Investigation				ES 2 NO					
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	f — At home, ferm, ati	reat, factory, office		281. LOCATION (S City or Town,		er or Rural F	Route Number,	
29e. CERTIFIER			002 000	111					
(Check only one)  1 X CERTIFYING PHYSICIA  MEDICAL EXAMINER:								end menner as st	ated.
296. SIGNATURE AND TIPLE OF CERTIFIER				29c. LICENSE NUI				(Month, Day, Year)	
- 600 -	m			V				chica	6
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR	ATH (ITEM 27) (Type. F	Print)	D0202	U	1	1110	chie	_
Federico G. Arthes				erlin, M	D 21811	410-	641–4	400	Ų
31. DATE FILEO_(Month_Day_Year)	32, REGISTRAS'S SIGN								

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Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 hours after death.

permit, Pages 1, 2, 3 should

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use as the

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the funeral director, page 5 should be detached

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: OSPITAL

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4 Homicide

A H	TO THE HOSPITAL OR A	TO THE FUNERAL DIREC	be filed within 72 hours	IMPORTANT: if item
YN.	~	}		

96 09135 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH JOHN WESLEY LLEWELLYN MARCH 1996 23:22 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS MIN 1√ M 2 □ F YRS. 219-14-5115 MARCH 3 191 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR MEMORIAL HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 10b. COUNTY 10a, STATE 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY ō MARYLAND ALLEGANY CUMBERLAND t 🗌 YES 2 👽 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13213 JUDY LANE N.E. 21502 S.A 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) FORCES? t YES 2 NO 1 Never Married 2XX Married Specify: WHITE BY 1 TYES ZYNO Specify 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Ħ Elementary/Secondary (0-12) College (1-4 or 5 +) PLUMMER & STEAMFITTER LOCAL 489 PLUMMER/STEAMFITTER COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 7 STANLEY C. LLEWELLYN LILLIE WILKINSON notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 13213 JUDY LANE N.E. CUMBERLAND MARYLAND 21502 MARY M. LLEWELLYN pe 20a, METHOD OF DISPOSITION
12 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must SUNSET MEMORIAL PARK MARCH 8 1996 CUMBERLAND MARYLAND 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
MERRITT—ADAMS FUNERAL HOME examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ale 404 DECATUR STREET CUMBERLAND MARYLAND medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burlal, cremation, or remo Approximate shock, or heert fellure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death ALUTE RESTINATIONY FAILUNG the disease or condition Sun resulting in death) traumatic event. DUE TO (OR AS A CONSEQUENCE OF): POSSIBLE ALLTE MYOLANDIAL INFANCTION CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING 1ENTRILULAR FIGRILLATION CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 PART ii. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO this certificate has been with the State Dept. of PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 23 Item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** 1 YES 2 NO OTHER: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Nursing Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED is marked, 1 Natural INJURY DIRECTOR: After the hours after death w 1 YES 2 NO ВY Accident Investigation 26s. PLACE OF INJURY — At home, farm, street, factory, office 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED

29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LIÇENSE NUMBER 29d, DATE SIGNED (Month Day Year)

34846

9 in 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR ROBERT J. ORLINO 902 SETON DRIVE CUMBERLAND MARYLAND 21502

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Julia Stoveton Rarchell

1996

March

BALTIMORE, MARYLAND 21215-0020

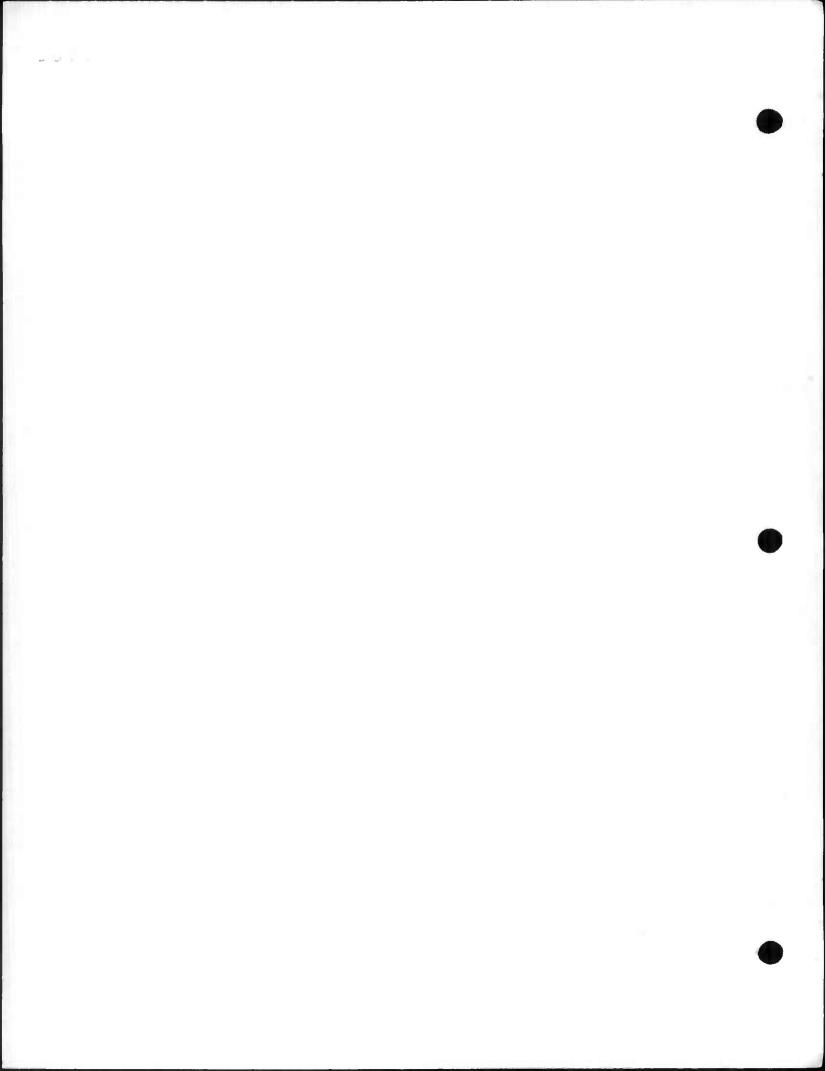
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			-04441	IVAIL	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				-		2. DATE C	F DEATH			3. TIME OF DEATH
	MARY ELIZABETH	LEASURE					MONTH	DA .		YEAR	0.50 Die M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. Ini	at hirtholas	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	MARCH 7. DATE O		199		7:53 PM
1	217-28-0077	1   M 2   X F				AYS HOURS MIN.		24 19		8. BIRTH	HPLACE (State or Foreign
- 1			76	YRS.			JAN	24 19	20		W.VA.
	9e. FACILITY NAME (If not institution, give st	treet end number)			9b. CITY, TO	WN OR LOCATION OF	DEATH		9c. COU	NTY OF D	DEATH
8	MEMORIAL HOSPITAI				CUM	BERLAND			ALLEGANY		
Ĕ I	RESIDENCE OF DECEDENT								ABBEGANI		
DIRECTOR	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR L	OCATION		10d. INSIDE CITY			
5	MARYLAND ALI	LEGANY			CUMBER	LAND					LIMITS?
5	10e. STREET AND NUMBER				30110111						
A.		N 17				101. ZIP CODE			10g. CITI		WHAT COUNTRY?
FUNERAL	14309 HAZEN ROAD	N.E.				21502				U.S	.A.
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	RMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN?	(Specify Yee	or No-	14. RACI	E — Americen Indian, k, White, atc.
	1 Never Married 2 Merried	FORCES? 1 [ IF YES, GIVE WA	R OR DATES	NO		s, specify Cuban, Mexic YES 2 NO Spec		can, etc.)		Spec	
B	3 Widowed 4 Divorced				1 ''	TER TANKS SPEC	ay.		- 1	apac	WHITE
COMPLETED	15. DECEDENT'S EDUC	CATION	16a. DE	ECEDENT'S	USUAL OCCU	PATION	16h I	UND OF BUS	INESS/IND	HISTOV	WILLE
E I	(Specify only highest grade		(G	live kind of w	vork done duri	ng most of working	10.00	and or boo	MITE SO/IND	Josini	
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)									
2	6		HO	USE K	EEPER			HOUS	E KEF	EPER	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Mi	ddle, Meiden	Sumame)		
BE	JOSEPH TOLER					RUTH F	PESTO	NĪ			
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	reet end Number or Rura			State Zin	Code	
2	THOMBD I WIT GOV										
į	LESTER I WILSON					COURT (BE					
	20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remo	oval from State	cemetery, cre		F DISPOSITIO	N (Name of	DATE	20c. LO	CATION —	City or To	own, State
	4 Donation 5 Other (Specify)		SUNSE	T CEM	ETERY	MARCH 15	1996	CUMI	BERLA	ND N	ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE HC	ENSEE /	. 1			E AND ADDRESS OF F					
ľ	7	111.9	4		MER	RITT-ADAMS	FUNE:	RAL HO	OME		
	Wall of	Herm	1		404	DECATUR S	TREET	CUMBI	ERLAN	ID MA	ARYLAND
ı	23. PART I. Enter the diseases, or c	omplications that	caused the de	eath. Do n	ot anter the	mode of dying, su	ch aa cardii	c or reapi	ratory arr	est,	Approximate
- 1	ahock, or haart fallure. I IMMEDIATE CAUSE (Final	List only one caus	e on each ilne	<b>.</b>							Interval Between
- 11											Onset and Death
	disease or condition	AODTTO	CMTTDA	T TTAT	TIE DE	OPAGE HITME	CERTA	0.07.0			
,	resulting in death)					SEASE WITH	STEN	OSIS 8	REG	GURG	
	resulting in death)		&MITRA			SEASE WITH	STEN	OSIS 8	REG	GURG	TATION 10 YEARS
NC	resulting in daeth)	DUE TO (C	OR AS A CONSE	OUENCE OF	):	SEASE WITH	STEN	OSIS 8	k REG	GURG)	
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (C		OUENCE OF	):	SEASE WITH	I STEN	OSIS 8	REG	GURG1	
CATION	Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING	DUE TO (C	OR AS A CONSE	OUENCE OF	):	SEASE WITH	I STEN	OSIS 8	E REG	GURG]	
IFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSE	OUENCE OF	): ):	SEASE WITH	I STEN	OSIS 8	E REG	GURG]	
RTIFICATION	Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (C	OR AS A CONSE	OUENCE OF	): ):	SEASE WITH	STEN	OSIS 8	E REG	GURG]	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A CONSE	OUENCE OF	): ):	SEASE WITH	I STEN	OSIS 8	REG	GURG]	
	Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEC	OUENCE OF	); );						10 YEARS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A CONSEC	OUENCE OF	); );			OSIS (	AUTOPSY		10 YEARS
	Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEC	OUENCE OF	); );		Pert I.	4a. WAS AN	AUTOPSY MED?		10 YEARS
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation  3  Suicide 6  Could not be determined	DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  Contributing to d  RIBUTE TO CAU  HOSPITAL:  1   Inpatient 2 X   1  28e. DATE OF In (Month, Day)  28e. 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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  YES 2  NO  27. 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## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				State of I	viaryian		artment Intificate			ind IV	тептат ну	gierie Reg. No.	90 (	19131	
	J. J.	$\square$	1. Decedent's Name (First, Middle, Le	rst)							2. Date of De	ath		3. Time of Death	
	Physici /Medi		Charles Henry	Long Sr.							Month	Day	996	18:41	
	Examir		4a. Facility Neme (If not Institution, gir	e street and number	er)			4	b. City, Tov	wn, or Lo	ocation of Deet		y of Death		
1			Washington Cou	nty Hosn	oital				Hage	erst	cown	Wash	ingto	n	
	Funeral		5. Social Security Number 6.	Sex 7.	Age (In yrs. I	ast birthday)	If Under Months	1 Year Days	if Under 2	24 Hrs.	8. Dete of Bir	th		e (State or Foreign	
	Director		215-42-4135	1√2 M 2□ F	5	2 Yrs.	Months	Lulys	nours	Min.	3/10/	1944	Mary]	land	
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	eryla ehov	<u>_</u>	10e. State 10b. County		1	, Town or Lo							100	I. fnside City Limits  1 ☐ Yes 2 No	
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	ith th	Director	10e. Street end Number				10f. Zip	Code				10g. Citizen of	What Country	n	
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DHMH 16 Rav 6/95

State

Registrar

31. Dete filed (Month, Day, Year)

MAR 1 91996

32. Registrar's Signature

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH DAY YEAR John March 1 Marince 1996 9:45A 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER t YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 🗆 F 135-32-9580 54 Jan. 16, New Jersey 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF OEATH DIRECTOR Doctors Community Hospital Lanham Prince Georges 10c CITY TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY 1 X YES 2 | NO Maryland Prince Georges Bowie FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 12313 Manship Lane 20175 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Rican, stc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 1 Married 1 YES 2 NO Specify: Specify: ВY 3 Widowed 4 Divorced Vietnam White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify Elementary/Secondary (0-12) College (1-4 or 5+) 12 1.5 Analyst National Security Agency once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ John W. Marince Doris Allsop notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Lynda Marince 12313 Manship Lane Bowie, Md. 20715 pe 20s. METHOD OF DISPOSITION
1 🔀 Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Ocean Co. Memorial Park 3-5-96 Toms River, New Jersey 4 Donation 5 Other (Specify). examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Robert E. Evans Funeral Home, P.A. Pres. 16000 Annapolis Road Bowie, Maryland 20715 filled in by the hition, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. Approximats Interval Batween **Onset and Death** IMMEDIATE CAUSE (Final Metastatic Carcinoma of Stomach esophagus the disease or condition reaulting in death) event, Cute Renal
OUE TO (OR AS A CONSEQUENCE OF) to burial, other traumatic CERTIFICATION inding physician and Hygiene prior to bur Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST 6 the atten Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL and PERFORMED? AVAILABLE PRIOR TO апу COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires tha TO THE FUNERAL DIRECTOR: After this certificate has been signed I be filed within 72 hours after death with the State Dept. of Heath a IMPORTANT: If Item 28 is marked, or Item 23 shows any 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO INCERTAIN I PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL:
1 inpetient 2 - ER/Outpetient 3 - DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TYES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural

Accident 5 Pending Investigation 1 YES 2 NO ВУ 28e. PLACE OF INJURY --- At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 4 Homicide 29e. CERTIFIER (Check only one)

One)

ASTROCAL EXAMINER. On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as steted. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner se stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Kesharo 2010 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Rakesh Arora M.D. 14300 Gallant Fox Lane Suite 222 Bowie Maryland 20715 31. DATE FILED (Month, Day, Year)
MAR 1 3 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENI REG. NO.	E	05140		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		. TIME OF DEATH		
	HERBE		DOWEL			MARCH (	1996	352f M		
	244-52-3800	111111111111111111111111111111111111111		UNDER 1 YEAR NTHS DAYS	HOURS MIN.	Country)	ACE (State or Foreign North Arolina			
¥	9a. FACILITY NAME (If not institution, give s Laurel Regi				aurel	ATH	9c. COUNTY OF DEATH Prince George's			
5	RESIDENCE OF DECEDENT									
DIMECTOR	MD 106. STATE ND. COUNT	ce George'		OWN OR LOCAT	aurel		10d. INSIDE CITY LIMITS? 1 XYES 2 NO			
FUNEHAL	106. STREET AND NUMBER 9178 Cher	ry Lane		101	ZIP CODE 207	708	10g. CITIZEN OF WH	100		
	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS DEC		IC ORIGIN? (Specify Yea		- American Indian,		
BY P	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, spi		n, Puerto Rican, etc.)	Black,	Black		
2	15. DECEDENT'S EDU (Specify only highest grade	CATION e completed)	16a. DECEDENT'S US (Give kind of work	UAL OCCUPATIO	N et of working	16b. KIND OF BUS	INESS/INDUSTRY			
COMPLET	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Truck	etired.)		P:	rivate			
\$	17. FATHER'S NAME (First, Middle, Last)		Truck	DIIVE		ME (First, Middle, Maiden	Sumama)			
	Murray M	cDowell			io. mornight o the		e Herbin			
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural I	Route Number, City or Town	n, State, Zip Code)	22553		
2	Stacey Harris					k. Dr, S		nia, VA		
	20a. METHOD OF DISPOSITION  1 XBurlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State came	PLACE AND DATE OF I etary, crematory or other larmony	placel			cation - city or town			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	D ADDRESS OF FA	CILITY				
	90.	Busce-10		7474	Lando	ins Fune: ver Rd,	Landover	20785		
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.									
	iMMEDIATE CAUSE (Final disease or condition									
	reaulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	1	,,,,,,	0				
S	Sequentially list conditions,	b. DUE TO (OR AS A	CONSEQUENCE OF):	be les	me	elins		122		
3	if any, leading to immediate cause. Enter UNDERLYING	c								
CERTIFICATION	CAUSE (Disease or injury that initiated events put to (OR AS A CONSEQUENCE OF):  resulting in death) LAST									
	PART II Oh - I - Mars a - dala	d.								
SA S	PART II. Other significant condition	the black			-	PERFOR	MED?	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE		
EDIC	90,77007		001	1000	7	1 TYES 2	NO.NO	OF DEATH?		
PHYSICIAN: M	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES		UNCERTAIL	N Z		_ 120 Z _ NO		
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH							
2	1 TES 2 NO	HOSPITAL:	atient 3 DOA 4	THER:	5 🗔 Residence	6 Other (Specify)				
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WO	URY AT RK? 'ES 2 NO	26d. DESCRIBE HOW I	NJURY OCCURED			
ED BY	Accident Investigation  3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Spec	— At home, ferm, etre			26f. LOCATION (Street a Gity or Town, State)	and Number or Rural Ro	ute Number,		
	4 Homicide determined									
COMPLEI	one)	SICIAN: To the best of my knowl ER: On the besis of examination						and manner ee stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	nga			29c. LICENSE NUI	998	≥ March			
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE		int) 910	1 che	rry Cos	# 211 6	acuelms		
	31. DATE FILED (Month, Day, Year) MAR 1 4 1996	32 REGIST HI'S SIGN	ATURALA					108		

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FOR STATE REGISTRAR

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death militarism that the death militarism that the death militarism has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CE	HIIF	CALE	OF L	EAIT		REG. NO.				
	t. DECEDENT'S NAME (First, Middle, Last)	Gladys (	Gwendoly	n l	Main			2. DATE MONTH			YEAR 996	3. TIME OF DEATH  234/ M	
			. AGE (In yrs. last t		MONTHS I		F UNDER 24 HRS.	7. DATE (	Day, Year)		8. BIRTHP Country)		
	218-40-8710	t M 2 XF	55	YRS.			100	Jan.	24,	1941	Nort	h Carolina	
	9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY, T	OWN OR	LOCATION OF	DEATH		9c. COUN	TY OF DE	ATH	
OR	113 Champlain Co	urt		North East						Cec	11		
E	RESIDENCE OF DECEDENT												
Ĭ	10e. STATE 10b. COUNTY			10c. CITY	Y, TOWN OR	LOCATIO	Ч					10d. INSIDE CITY LIMITS?	
DIRECTOR	Maryland Cecil			North East					1 [				
7	10e. STREET AND NUMBER					101. Z	IP CODE			10g. CITI	ZEN OF WH	AAT COUNTRY?	
FUNERAL	113 Champlain Co	urt				2	1901			U. S	5.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT					DENT OF HISP			or No-	14. RACE -	- American Indian,	
BY FI	t Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE					Y Cuben, Mexi		lican, etc.)		Specify	White, etc.	
- 1	15. DECEDENT'S EDUCA		16a. DECI	EDENT'S	USUAL OCC	UPATION		16b.	KIND OF BU	SINESS/IND	USTRY		
E	(Specify only highest grade of		Me. E	o NOT us	vork done du e retired.)	nng most o	of working						
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hon	nema	ker			n	/a				
OM	17. FATHER'S NAME (First, Middle, Last)		1.01	i Oina.		1	a. MOTHER'S N			Surname)			
	Phil R. Yo	ung						Ver	na L.	Slag	l e		
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (	Street and	Number or Run						
2	Robert Main		11	13 C	hamp1	ain	Court	- No	rth Ea	ast, l	MD 2	21901	
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Remov	-1 4 Cast-	20b. PLACE AN	D DATE	OF DISPOSIT	ION (Nama	of	3°-7		CATION —			
	4 Donation 5 Other (Specify)	All from State	Gilpin	Man				rk 199	6 E14			land	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			Hic.	ME AND	ome fo	r Fun	erals.	P.A.			
	Donald.	e +1	64.									MD 21921	
	23. PART I. Enter the diseases, or co shock, or heart failure. L	mplications that dist only one cause	caused the dea on each line.	th. Do n	not anter ti	he mode	of dying, su	uch aa card	llac or resp	Iratory arr	eat,	Approximata Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	aut.	come of	√ h	ant fe	inle	An					dy	
	reauting in quatry	DUE TO (O	OR AS A CONSECU	slotel heart feiellen CONSEQUENCE OF:									
Z	b	COPD										104	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate			Myrchel whaches old.								100	
2	CAUSE (Disease or injury	ALCCV I	P, Mye	end d	whac	* ch	pear.					104	
	that initiated aventa resulting in death) LAST		H Mell										
当	d	Pjan	H INGGC	<b>6</b>								1 /	
	PART II. Other algnificant conditions	contributing to d	aath but not re	aulting	in the und	ariying (	cause given	in Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
EDICAL	<u> </u>								1 TYES			COMPLETION OF CAUSE OF OEATH?	
										7		1 YES 2 NO	
X	DID TOBACCO USE CONTR	IBUTE TO CAU	SE OF DEAT	H YE	SIN	0 🗆	UNCERTA	IN 🗆					
A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE	OF DEAT	TH (Check on	ly one)							
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetient 3	DOA	OTHER:		5 Residenc	e 6 🗆 Othe	r (Specify)				
H	27. MANNER OF DEATH	28a. DATE OF IN		28b. TIM		8c. INJUF		28d. DES	CRIBE HOW	INJURY OC	CURED		
	1 Natural 5 Pending	(Month, Day,	( Year)	1147	JURY	1 YE	\$ 2 NO						
ВУ	2 Accident investigation 3 Suicida 8 Could not be	26a. PLACE OF	INJURY — At horr	ne, term,	street, factor	y, office		28f, LOC	ATION (Street	and Number	or Rural Ro	oute Number,	
TED	4 Homicide determined	building, et	с. (Specny)					City	or Town, State	)			
2	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of m	v knowledne des	th occum	ed at the tim	o data a	nd place, and d	ke to the car	rea(a) and ma	opper en stel	ad.		
COMPLET	(Check only one) 2 MEDICAL EXAMINER											and manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER					1	9c. LICENSE N			29d. DAT	E SIGNED	(Month, Day, Year)	
TO B	o du cui propies										76		
F	JUI Chih HSU		OF DEATH (ITEM	We.	st m	ari	st.	Elic	ton 1	4 9	2-1	921	
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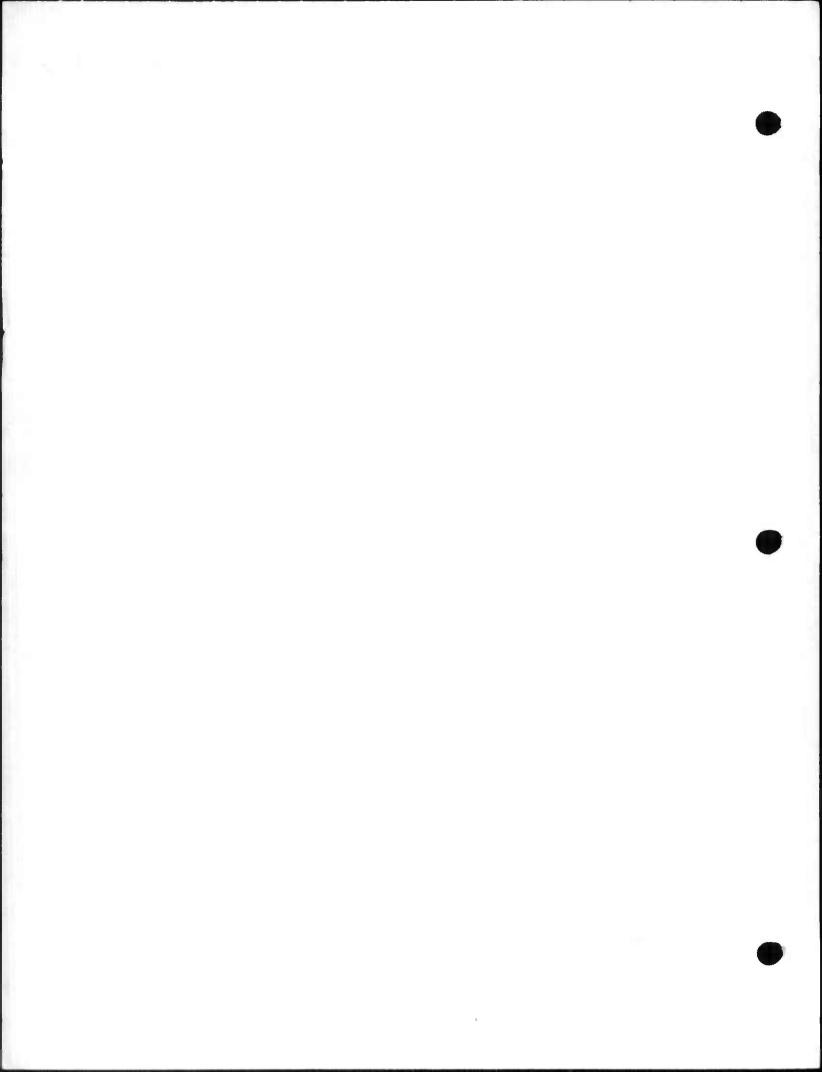
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DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGI							
	1. DECEDENT'S NAME (First, Middle, Lest)			7112 01	DEMIN	2. DATE OF DEATH		3. TIME OF DEATH					
	WILLIAM RAY MILLE	R				монтн Максіп Т	2, 1996	9:25P M					
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (	In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign					
	176-14-7153	⊠ M 2 □ F 7	6 YRS.	ONTHS DAYS	HOURS MIN,	March 2	7)	Country) Pennsylvania					
	9a. FACILITY NAME (If not institution, give street	and number)		b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY						
DIRECTOR	VA Maryland Healt	h Care Syst	ems	Perry	y Point Cecil								
RE	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA				10d. INSIDE CITY					
	Maryland H	Harford		Pyles	ville			1 TYES 2 XX					
AL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
ij	1 McDermott Road				211	32	U.S	S.A.					
BY FUNERAL	11. MARITAL STATUS	. WAS DECEDENT EVER IN FORCES? 1 XXYES IF YES, GIVE WAR OR DA W.W. II	2 NO	If yes, sp	ENOENT OF HISPA ecity Cuben, Mexico 2 X NO Specia	NIC ORIGIN? (Specify an, Puerto Rican, etc.) by:		RACE — American Indian, Black, Whita, etc. Specify: White					
	15. DECEDENT'S EDUCATION	ON I	18a. DECEDENT'S US	UAL OCCUPATION	ON .	16h KIND OF	BUSINESS/INDUST						
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12) Co	pleted) ollege (1-4 or 5+)	(Give kind of wor	k done during me	st of working	, roo. raito or	DOSINESS/INDOS	ni e					
립	Ten Years -		Mecha	nic		Un	known	- "					
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Mail	den Sumame)						
BE C	Forrest Mi	iller			I I	Freda Man	ges						
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	ODRESS (Street a		Route Number, City or		de)					
2	Charles Booher					lesville,							
	20a. METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Removal	20b.	PLACE AND DATE OF	DISPOSITION (N	me of		LOCATION City						
	4 Donation 5 Other (Specify)	Trom Stata cerre	etery cremetory or other isher town	Cemete	ry 3	3/15/96 F	ishertow	n,Pennsylvania					
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE		22. NAME A	ID ADDRESS OF FA	CILITY							
	Lee A. Patterson & Son Funeral Home												
	23. PART I. Ehter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line.  Approximate interval Between												
	shock, or heart tallure. List only one ceuse on each line.  iMMEDIATE CAUSE (Final												
	disease or condition	Acute Myoc	ar feibere	Same	3.00		Onse						
	reaulting in death) a		CONSEQUENCE OF:	Earce.	)[]			1 day					
z								į į					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):										
S	cause. Enter UNDERLYING CAUSE (Disease or injury												
#	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):										
Ë	d												
AL C	PART II. Other significant conditions co	ontributing to death be	ut not resulting in	tha undarlyin	g cause given in	Part i. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
2	History of Cerebro						FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
요	Coronary Artery D.	sease. Se	izures	Dement	=	1 U YES	2 (X) NO	OF DEATH?					
≥	DID TOBACCO USE CONTRIBI					NI ØI		1 TES 2 NO					
NA I	25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF DEATH		OIACEKIAII	14 167 ]							
PHYSICIAN: MEDIC	EXAMINER?  1 YES 2X NO 1	OSPITAL: Inpetient 2 ER/Outpe		THER:	e 5   Residence	8 Other (Specify)							
Ŧ	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME C	F 28c, INJ	URY AT	28d. DESCRIBE HO	W INJURY OCCURE	EO					
BYF	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK7 /ES 2 NO								
EO B	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, atc. (Speci	— At home, term, atre	et, factory, offic		281, LOCATION (Stre	et and Number or R	tural Route Number,					
1	4 Homicide detarmined		.,,			City or Town, St.	are)						
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowle	edge, death occurred	at the time, data	and place, and due	to the cause(s) and	menner as stated.						
<u>N</u>								use(a) and manner se stated.					
	29b. SIGNATURE AND TITLE OF CENTURES	7			29c. LICENSE NUI								
BE	7. Brande	ano.					N. C.	GNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr	int)	D42800	)	3/	12/96					
	THOMAS A. BIONDO				ONDE CITO	MIDDING D		1 27 07 07					
	31. DATE FILEO (Month, Day, Year)	32 REGISTRAR'S SIGNA	THRE	TENESTICS.	CAKE SYS	TEMS Per	rry Porn	t. MD 21902					
	MAR 13 1996	Julia Davilson	Rardall					7					
	0							DHMH-18 Rev 1/89					



#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

3. Time of Death

					$C\epsilon$	rtificat	e of	Death		Reg. N	lo.	0 0.	
Physician /Medical	1	1. Decedent'e Name (First, Middla, La: ELMER	st)				MO	RRIS	2. Date of I Month		)ay	Year	Time of Death : 18 PM
Examiner	-	4a. Facility Name (If not Institution, give	a straat and num	nber)				4b. City, Town, or L	ocation of De	ath 4	c. County	of Death	
		Prince George Ho	ospital					Cheverly		P	RINCE	Georg	€'S
Funeral	1	5. Social Security Number 6. S		7. Age (In yrs	. last birthdey	) If Under Months	1 Year Deys	If Under 24 Hrs. Hours Min.	8. Date of I	Birth	(*)	9. Birthplace	(Steta or Foreign
Director		577-16-6142	ZXM 2□ F	79	Yrs.	MOUNTS	Doys	riours win.	8. Date of I (Month, Sept	13,	1916	Virgin	ia
is marked other than *natural*, or items 23a or 22a-f show raumatic event, the Medical Examiner must be notified at To Be Completed by Funeral Director		Usual Residence of Decedent											
or 28a-f ahow o notified at Director		10a. State 10b. County		10c. C	ity, Town or L	ocation.							nside City Limits
1 P	5	Maryland Charles		W.	aldorf					1 □ Yes 🍇			
the Medical Examiner must be notified at	3	10e. Street and Number	Waldoll			10f. Zip	Code		10g. Citizen of What Country?				
8 0	5	2236 Pinefield Ro				20601						ed States	
Funeral	5		12. Was Dece	dont Even in t	10 12				aasib. Vaa aa l		14. Race - American Indian,		
i S	3	11. Marital Status	Armed For	ces?	U,S. 13.	If Yes, spec	ent of n	lispenic Origin? (Si an, Mexican, Puert	o Rican, etc.)	NO-		k, White, etc.	idian,
E L		1 Never Married 2 Merried	TOXYes	e WW	II	1 🗆 Yes	No D	Specify:			Specify	C = 10 1 1	
ò		3 ☐ Widowed 4 ☐ Divorced	Yeer or Da	ites:							Ороспу	White	
i je		15. Decedent's Ed (Specify only highest gra	ducation		16a. Dec	edant's Usua	d Occup	ation	kina	16b.	Kind of Bu	usiness/Industr	У
Completed	1	Eiementary/Secondary (0-12)	Collega (1-	-4or 5+)	lifa.	DO NOT us	sa retired	during most of world)	1718				
100	5	5th	9-11		Water	proof	er			Se	lf En	mployed	
BeC		17. Father's Name (First, Middla, Last)						18. Mother's Nan	ne (First, Midd	lla, Maide	an Sumam	10)	
To B	3	John Irvine Morr	is					Minnie	Floren	ce D	ean		
aumetic event, the M	-	19a. Informant's Name/Relationship			10h Mai	aliling Addrass (Street and Number or Rural Routa Number, City or Town, Sta					State Zin Con	fol	
other traumatic event,		Rosa E. Morris  2236 Pinefield Road, Waldorf, Maryla											
2	-			Det				sid Roda,					
20	1	Da. Method of Disposition  20b. Place of Disposition (Nama of cematery, cramatory or other place)  20c. Location - City cematery, cramatory or other place)									City or Town,	State	
څ		4 Donation 5 Other (Spacify		For	rt Line	coln M	larcl	n 18,1996	)	Bre	ntwo	od, Mar	yland
프로		21. Signature of Funeral Service Licen	1500					ss of FecilityLee		al H	lame,	Inc. 663	3 01d
important: if item 27 is any injury or other trau	ŀ	DO 1 . P	20					a Ferry F			-		
	4	Charles A.	Cela	rger							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		23a. Part1. Enter the diseese, or com- shock, or heart failura. List only	plications thet of one cause on e	united the dea ich line.	ith. Do not er	iter the mod	e of dyir	ng, such as cardiac	or raspiratory	arrest,		Inte	oroximata orvai Between
cian											On	set end Deeth	
lical		Immediate Cause (Finel disease or condition	. Cenebi	00 1/0	1000	A	las:	+				200 -	ments
ner		rasulting in death)	a. Celebi		or as a conse		NEN	1				mo	men 13
e				Due to	OI ds d CONS	rquarica of):							
for use as the burial-transit			b			,					_		
xai		Sequentielly list conditions, if any, leading to immediate		Dua to (	or as a conse	equanca of):						į	
		Sequentielly list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or injury	C										
Medical		that initieted events resulting in death) Last	J	Due to (	or as a conse	quence of):							
S												1	
2			d										
etached for us Physician	ŀ	Part II. Other eignificant conditions of	ontributing to dea	ath but not re	sulting in the	underlying c	allea ch	ven in Part I	23h D	id tobac	20 1100 001	atribute to the	cause of death?
be detached by Physic			or tributing to do	atti bat not io	Juliang III and	andonying c	acoo gir	on any die i.					
2									11	Yee .	2LINO	3 Probably	y 4 Unknow
þ													
ě									24a. W	as an au rformed?	lopsy	eveilab	utopsy findings le prior to
pleted												of deat	tion of cause h?
page 2 should									4.0	Yes	2 <b>X</b> No	1 🗆 Va	s 2 No
i o		OF Man ages referred to a start									2140	10 10	8 20 100
00 00	1	25. Was case refarred to medical examiner?	Hospital:				Oth	26. Piaca of Dea					
	-	1 Yes 2 No	1 🗆 In		ER/Outpatie		)A	4 LI Nursing H					
e L		27. Manner of Death 1 XNatural 5 ☐ Pending	28a. Date of (Month)	f Injury n, Day Year)	28b. Time Injury		8c. Injur Wor	y at k?	28d. Dascrib	e how in	jury occurr	red	
Certification		2 Accident investigation				М		Yes 2 □ No					
5		3 Suicide 6 Could not be determined	28e. Placa	of Injury - At h	nome, farm, s	treet, factory	, offica		28f. Location	(Straat Town, Sta	and Numb	er or Rural Ro	uta Number,
9			Duildin	y, etc. ( <i>apec</i> i	'' <b>y</b> '/				Ony or	JWII, JR	rid)		
		29a, Certifier 1□ Cartifying Ph	veician: To the h	est of my kn	owiedae dee	th occurred	at the tir	ne, date and niece	and due to the	A Callea	(s) and me	nner as states	
letely filled in dical Cert		29a. Certifier 1☐ Cartifying Ph (Check only one) 1☐ Madical Exam	yelclan: To the balliner: On the ball	sis of examina	owiedge, daa ation end/or i	th occurred evestigation	at the tin	ne, date and piace pinion, death occu	, and due to the	e cause e, date a	(s) and ma nd place, a	nner as stated and due to the	l. cause(s)

29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) & Benjue MD 025925 Manch 14, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

J. BERGER MD #205, 7720 WISCONSIN AVE, Bethesda, Md 20814

State Registrar

31. Date filed (Month, Day, Year)

32. Registrar's Signature whi Stwaler Rardall MAR 1 9 1996

# TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any part of each. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	112010111111				<b>4</b> = 111111	14711		PERM			1160. 140.			
	1. DECEDENT'S NAME (First,									2. DATE OF	DA		YEAR 3	. TIME OF OEATH
	Howar	rd E Mo	ore							March	n 14	1996		8:00am w
	4. SOCIAL SECURITY NUME	BER	5. SEX		yrs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	MIN.	7. DATE OF	BIRTH Day, Year)		a. BIRTHPL Country)	ACE (State or Foreign
1	220-01-6301	l	1 🔀 M 2 🗆 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec 3	1 191	.8	Mary	land
	9a. FACILITY NAME (If not in	etitution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DI	EATH		9c. COUP	NTY OF DEA	TH
8	66 Buddy	Blvd				Ch	esar	eake	Cit	v		Ceci	1	
ן ק	RESIDENCE OF DEC	CEDENT												
DIRECTOR	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	DR LOC	ATION					1	Dd. INSIDE CITY LIMITS?
ā	MD	Cec	<u>il</u>		Ch	esap		City					1	YES 2 ND
₹ I	10e. STREET AND NUMBER							of. ZIP COD	E					AT COUNTRY?
FUNERAL	66 Buddy B	31vd					1	21915				USA	1	
	11. MARITAL STATUS		12. WAS DECEDED			13.				NIC ORIGIN?		or No-	14. RACE - Black,	- American Indian, White, etc.
BY	1 Never Married 2 3 3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DAT				S 2 XND			,,		Specify:	
			7-22-19	41								1	White	
	(Specify onl	EOENT'S EDU ly highest grade			(Give kind of Me. Do NOT u	work done	during n	FION most of worki	ng	16b. F	UNO OF BUS	SINESS/INC	DUSTRY	
ן ש	Elementary/Secondary (6	0-12)	College (1-4 or 5	+}										
COMPLETED	11				Sign Pa	aint	er				Gover			
	17. FATHER'S NAME (First, M									ME (First, Mic		Sumame)		
BE	John Moor									R. Boo				
2	19a. INFORMANT'S NAME (									Route Numbe		n, State, Zip	Code)	
	Eugene Moor			1	82 Pi	-				NJ (	08053			
	20a. METHOD OF DISPOSIT 1 2 Burlal 2 Crematic	on 3 🗆 Rem	ovel from State	20b.	other place) thel Ce	SITION (A	lame of c	semetery, crer	matory or				City or Town	
	4 Donation 6 Other		- 19	_ D€	ther ce						Ches	apea	ke Ci	ty MD
	21. SIGNATURE OF FUNERU	THE PARTY OF	/		,			AND ADDRE		uneral	Home	a P	Δ	
	Bok	ut 1	1-10	-	/									21915
CERTIFICATION	IMMEDIATE CAUSE (Fiddlesse or condition resulting in death)  Sequentially list condition if any, leading to immereause. Enter UNDERLY CAUSE (Disease or injuited initiated eventa resulting in death) LAS	tions, idiata ling	b. DUE TO	O (OR AS A	CONSEQUENCE CONSEQUENCE CONSEQUENCE	A	s(°C	كلا						Onset and Death
IEDICAL	PART II. Other significa	ent condition	e contributing to	o daeth bu	rt not reaulting	In the u	ındariy	ing cause	given in		24a, WAS AN PERFOI 1 YES 2	PMED		VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
PHYSICIAN: N			-											
2	25. WAS CASE REFERRED T EXAMINER?	MEDICAL	HOSPITAL:	Terror.		ОТНЕ		PLACE OF I	DEATH (C	heck only one	)			
1 Z	1 YES 2 AD		1 inpatient 2			4 🗆 No	ureing He	10	lasidence	6 🗆 Other				
ВУ РН	27. MANNER OF DEATH  1 Netural 6  2 Accident	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF IJURY M	1	NJURY AT WORK? YES 2	□ ND	28d, DE\$0	RIBE HOW	INJURY OC	CURED	
	A	Could not be determined	28e. PLACE building	OF INJURY I, etc. (Speci	— At home, ferm,	atreet, fa	ctory, of	fice			TIDN (Street Town, State)		r or Rural Ro	ute Number,
COMPLETED	contain only		ICIAN: To the best of											and menner as stated.
	296. SIGNATURE AND TITLE	E OF CHINNING	A					29c, LIC	ENSE NU	MBER		29d, DAT	E SIGNED	Month, Day, Year)
BE	102	9////	1	M	V.			m		)447	16	<b>.</b>	1/12	196
2	Jose Ma	PERSON W	High St.	Elkt	on MD 2	e, <i>Print)</i> 1921	_			/	, ,		3/13	10
_	31. DATE FILED ARPOY	1°8 199	6 Julia a	AR'S SIGN	ATURE 24-Rawfall									

DIVISION OF VITAL RECORDS, P.O. BOX 68760 B BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	* REGISTRAR				CERTIF	ICAL	E Ur	DEA	П		REG. NO.				
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DAT	E OF DEATH			3, TIME OF DEATH	_
	Elsie Mati	1da S	evdell M	fann					- 1	MON			YEAR	2.50 "	
	4. SOCIAL SECURITY NUMB		5. SEX		, last birthday)	E INDE	R 1 YEAR	IF UNDER			ch 13	199		2:50 a M	_
			1 M 2 N F	Ultraction and the	1 YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)		Count	**	
	214 - 74 -				1 THS.					Ju1	y 7, 19	904	De1a	aware	
	9a. FACILITY NAME (If not ins	stitution, give str	eet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH	
6	Laurelwood	Nursin	g Center	•		E11	kton						Cecil		Ì
5	RESIDENCE OF DEC	EDENT											JCCI		
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?	
	Maryland		Cecil		E	Lktor	n .							1 YES 2 NO	
4	10e. STREET AND NUMBER						_	1. ZIP COD	E			10g. CIT	IZEN OF Y	WHAT COUNTRY?	-
FUNERAL	1605 West P	ulacki	Highway	,				2.1	921			TT d	1	C+	1
<u> </u>	11. MARITAL STATUS	diagram	12. WAS DECEDEN		ADMED	1 42	WM C DEC							States	4
	1 Never Married 2	Married	FORCES? 1	YES 2	<b>⊠</b> NO						N? (Specify Yea Ricen, etc.)	or No-	14. RACI	E — American Indian, k, White, etc.	
B	3 🔀 Widowed 4 🗌 Divor	rced	IF YES, GIVE Y	WAR OR DATES		- 1	1 YES	2 💢 NO	Specify:	:			Spec	White	
	16 DECI	EDENT'S EDUC	ATION	- 10											4
쁘ㅣ		highest grade o		184.	Give kind of	work done	durina ma	ON ost of workin	ng	16	b. KIND OF BUS	SINESS/INI	DUSTRY		1
	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	life. Do NOT u										ı
물	6				Homen	nakei	r				Her own	n hom	ne		
COMPLETED	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOT	HER'S NAM	WE (First,	Middle, Maiden	Sumame)			7
BE	Adelbert S	eydell						Mar	tha	(ma	iden na	ame u	inkno	wn)	ı
	19a. INFORMANT'S NAME (7)	/pe/Print)			19b. MAILING	AOORES	S (Street a				nber, City or Tow				1
임	Cathy Verne				938 F	)ecos	, Mar	7 Re	ar	Do 1	aware 1	0701			1
	20a. METHOD OF DISPOSITION		-	20h PLA	CE AND DATE				ar,		TE 20c. LO			Plate.	4
	1 N Buriel 2 Cremetto 4 Donation 5 Other		val from State	cemetery	cremetory or o	ther place	1			1					Į
- 1	31. SIGNATURE OF FUNERAL		THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	- INOF	n Las	t Me	thod	1st (	Jem.	3/1	6/9/6 No	rth	East	, Maryland	4
- 1	1100	8.7	7	(/	60	Ći	Couci	ND ADDRE	eral	Ho	ne				ı
- 1	- (Cotto)	141	1071	$\sim$	-	112	27 Sc	outh	Main	St	reet. N	Jorth	Eas	t, MD 21901	1
	23. PART I. Enter the di	seeses, or co	omplications the	t coused the	death. Do r									Approximata	4
- 1	anock, or he	eart failure. L	iat only ona cau	ise on each	lina.			,						intarvai Batween	1
- 1	IMMEDIATE CAUSE (Fin- disease or condition													Onset and Death	
									1						1
	reaulting in death)	<b>→</b>	ATTU	ML	F187	ru	in	202						3 Coro.	
		<b>→</b> : .	. ATTU	(OR AS A CON	F187	NU	197	202			1-70-			3 Low.	
NO	reaulting in death)	· .	DUE TO	OR AS A CON	ELBO ISEQUENCE O	1100	872L	ZUZ DE l	TEH.	w	Mu	ens	-	a luc.	
TION	resulting in death)  Sequentially list conditions if any, leading to immediately	ons, b.	DUE TO  DUE TO	OR AS A CON	EL BO ISEQUENCE O	NU 10	8 TZL	ZVZ VE U	) TEM	W	tmu	ens	•	a mo.	
CATION	resulting in death)  Sequentially list condition if any, leading to immediates. Enter UNDERLY	ons, Julieta NG	DUE TO DUE TO DUE TO ATT	OR AS A CON OR AS A CON OR AS A CON	EL BOOK SEGUENCE OF	1100 6160 F1:	8721 Ch	LON NOW	) ITEM, OURS	w	tmu	ens HISE	43.5	3 Cm.	
IFICATION	resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYII CAUSE (Disease or injurthat initiated events	ons, dieta NG ry	DUE TO  DUE TO  DUE TO	OR AS A CON OR AS A CON	ISEGUENCE OF	6-16-3 F1: 174C	STZL	XOU	CHS		tmu	ens	43.J	Cu.	
EHTIFICATION	resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injure)	ons, dieta NG ry	DUE TO  DUE TO  DUE TO  DUE TO  IS CLA	OR AS A CON OR AS A CON	ISEGUENCE OF	6-16-3 F1: 174C	STZL	XOU	CHS		tmu	ens	48.5	a mo.	
	resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLY if CAUSE (Disease or injurithat initiated events resulting in death) LAST	ons, dieta NG ry  T	DUE TO  AUT 3  DUE TO  1 S C LA	OR AS A CON OR AS A CON OR AS A CON	ISEGUENCE OF	66: FI: FI: WN 1	STEL Chr colu	XOU XOU	PEH,	14			43.J	Cu.	
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunlat. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL	HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH		3. TIME OF DEATH
,	GLADYS ELVIE	MEGGISON				Marc	h 10,		5:55 a M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O		8. E	BIRTHPLACE (State or Foreign Country)
	579-28-5623  9e. FACILITY NAME (If not institution, give si	1 M 2 F	97 YRS.	9b. CITY, TOWN C	HOURS MIN.	Jan.			Colorado
DIRECTOR	Washington Advent		L	Takoma				Montgo	omery
E	10e. STATE 10b. COUNTY	r	10c. CITY	, TOWN OR LOCAT	ION				10d. INSIDE CITY
HI	Maryland Prince	ce George's	Hya	ttsvill	e				LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER				. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	5821 Queens Chape	el Road			20782			U.S.A	Α.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPAN			or No- 14.	RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 X NO Specify		cari, etc.,		Specify: White
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPATIO	NA I	Lank	VINO OF BUS	INESS/INDUST	
	(Specify only highest grade	completed)		rork done during mo		166.	KIND OF BUS	ME39/110031	ni .
PE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Bookkeer	er		D	epart	ment S	tore
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Bookkeep	, , ,	18. MOTHER'S NA				0.010
	Charles Mills				Kate Jo	nes			
BE C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Numbe	r, City or Town	n, State, Zip Coo	ie)
2	Beverly R. West		6200 W	Vestches	ter Park	Driv	e #70	5, Col:	lege Park, MD
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 \( \overline{\text{N}} \) Cremation 3 □ Ram 4 □ Donation 5 □ Other (Specify)	oval from State cen	PLACE AND DATE Of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of	her plece!		DATE		CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC		ettopoii	22. NAME AN	D ADDRESS OF FA	CILITY			
	1 W.3.G								Home, P.A. 11e, MD 20781
	23. PART I. Enter the diseases, or shock or heart fellure	complications that cause List only one ceuse on e		ot enter the mo	de of dying, auc	h aa cardi	ac or reapi	ratory arrest,	Approximate
				preu	Mini	5			Onset and Death
	resulting in death)	a. ASAIN DUE TO (OR AS A	A CONSEQUENCE OF	7: A 5 Y V	arr	ust			Sarx
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS )	A CONSEQUENCE OF	7):					Sdys
S	cause. Entar UNDERLYING CAUSE (Disease or Injury	С.							
	that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF	7:					
EH		d							
AL	PART II. Other aignificent condition	na contributing to death b	out not resulting I	n the underlyin	g cause given in	Part I.	24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
i						- 1	I TYES	NO	OF DEATH?
M	DID TOBACCO USE CONT	DIRLITE TO CALISE C	OF DEATH YE	SINOL	UNCERTAI	N $\square$			1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	THE TO CAUSE O	26. PLACE OF DEAT		1 OHCERIAN				
SIC	EXAMINER?  1  YES 2 NO	HOSPITAL:	petient 3 DOA	OTHER:	na 5 🗆 Residence	6 Other	(Specify)		
Η	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIM	E OF 28c. IN.	FURY AT			NJURY OCCUR	ED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	ING		YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, a	street, factory, offic			TION (Street or Town, State)		Rurel Route Number,
	29a. CERTIFIER	NCIAN: To the best of my know	uledge death occurr	ed at the time date	and place, and due	to the cour	ac(a) and ma	anne no stated	
COMPLETED	(Check only	ER: On the basis of exemination							suse(a) and manner as stated,
	29b. SIGNATURE AND TITUE OF CURTIFIE				29c. LICENSE NU				GNED (Month, Day, Year)
TO BE	rashid	ngh ~	ani		D393	372		> 8\	arch Lo
É	30. NAME AND ADDRESS OF PERSON W	OCOMPLETED CAUSE OF DE	EATH OTEM 277 (100)	Print) wes	+ 20.	901			())
	31. DATE FILED (Month, Day, Year) 1996	32 ATRIGIETRE PER SIGN	NATUE						

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

G P	1	er death	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: T	THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the State	MPORTANT: If item 28 is marked, or ite

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)				1	- 17		2. DATE OF	DEATH		WE45	3. TIME OF DEATH
	Elizabe	th A	nn Morr	is					March		19	96	1:20 a M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. le	asl birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH		8. BIRTH Countr	IPLACE (State or Foreign
	217 32 144	8	1 M 2 XF	62	YRS.	MONTHS	DAYS	HOURS MIN.	July		197		MD
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATION OF D				NTY OF D	
DIRECTOR	5764 Pinde	LI Rd				Lot	hiar	1			An	ne A	rundel
Ä	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
_	MD	Anne	Arundel		A	nnap	olis	5					1 X YES 2 NO
A	10e, STREET AND NUMBER						10	f. ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?
E I	1346 Forest	Driv	e		1			21403			USA		
FUNERAL	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN	T EVER IN U.S. A				CENDENT OF HISPA			or No-	14. RACE	- American Indian, k, White, etc.
BY	3 Widowed 4 Divo			MAR OR DATES				2 NO Specif		.,,		Spec	
	15. DEC	EDENT'S EDU	CATION	16a. D	ECEDENT'S	USUALO	CCUPATI	ON	T 165 KI	ND OF BUS	INESS/IND	HICTOV	writte
	(Specify only Elementary/Secondary (0	highest grade	completed) College (1-4 or 5	£	Give kind of fe. Do NOT u	work done	during m	osl of working	1.00.				
COMPLETED	1.		College (1-4 of 5		usewi	fe			OW.	n hom	ne		
ON	17. FATHER'S NAME (First, M	iddle, Last)						18. MOTHER'S NA	AME (First, Mick	die, Maiden	Sumame)	- 10	
BE C	Thomas Set	vell H	utchins					Flore	nce H	ardes	ty		
TO B	19a. INFORMANT'S NAME (7	/pe/Print)		1	9b. MAILING	ADDRESS	S (Street	and Number or Rural	Route Number,	City or Town	n, Stata, Zip	Code)	
-	William J. I				same	as 1	0 al	oove		100			
	20a. METHOD OF DISPOSIT  1 Burlel 2 Cremetic	n 3 🗆 Rem	oval from State		EAND DATE			ame of	DATE	20c. LO	CATION -	City or To	wn, Stata
	4 ☐ Donation 5 ☐ Other		manual co	Asbur	y Cerr			ch 16,		Bars	tow,	MD	
	III. BIONATURE OF FORMAN	M	1/ 6	1				ND ADDRESS OF FA					20726
	111. 1	toka	d Ph	m				ch Funera			_		20736
	23. PARF1. Enter the d	seases, or c	complications of	it caused the d	leath. Do	not enter	the me	ode of dying, suc	ch aa cardla	c or respi	ratory arr	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Fir		~			1		,					Onaet and Daath
	disease or condition	<b>→</b>		etast:	Hic	b	rea	न (2	ncer	-			8 mos
1			DUE TO	(OR AS A CONSI	EOUENCE O	F):							
NO	Sequentially list condit	ons,	b	(OR AS A CONS	FOURNAS A								
AT	if any, leading to imme cause. Enter UNDERLY		DOE TO	(OH AS A CONSE	EODENCE O	r):							
임	CAUSE (Disease or injuthat initiated events	7	C. DUE TO	(OR AS A CONSE	EOUENCE O	F):							+
CERTIFICATION	resulting in death) LAS	T	d.										
	PART II Other election	nt anadition		double by a sea	tet	1		Samme Notes	I				
MEDICAL	PART II. Other algolitica	nt condition	e contributing to	death but not	resulting	in the ur	iderlyin	g cause given in	Part 1.   24	PERFOR		24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ŏ									1	☐ YES 2	NO		OF DEATH?
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PHYSICIAN:	25. WAS CASE REFERRED T	MEDICAL											
S	EXAMINER?	O MEDICAL	HOSPITAL:	Tenna - u		OTHE	R:	LACE OF DEATH (CI					
HYS	27. MANNER OF DEATH		1 Inpattent 2 (		28b, TIN	_	_	JURY AT	6 Other (S		A HIRV OC	CURED	
	/3	Pending	(Month, I		IN.	JURY M		ORK?	200. 0240			CONLE	
B√	a - action	Investigation Could not be	26e, PLACE (	OF INJURY — At h	nome, ferm,	street, fac	tory, offic				nd Number	or Rural I	Route Number,
首	4 Homicide	determined	building	, atc. (Specify)					City or	Town, State)			5 2 0 0 0 0
COMPLETED	29a. CERTIFIER 1 CERT	IFYING PHYS	CIAN: To the beat o	f my knowledge, o	death occur	red at the t	lme, dat	and place, and du	e to the cause	(a) and man	mer es etal	ind	
ME	onel _												a) and manner sa stated.
	200. SIGNATURE AND TITLE							29c. LICENSE NU					(Month, Day, Year)
BE	(1)	1	121200	ma				7444	11-5		290, DAI	3/	14/91
2	30. NAME AND ADDRESS OF	PERSON WH		ISE OF DEATH (IT	EM 27) (Type	e, Print)		011	. 65			2/	11/0
	Ann C.	m	Jey Mi	D. 90	D F	Bout	dt.	Rd A	00200	lu.	mo		21401
	31. DATE FILED (Month, Day,		U32. REGISTR	AR'S SIGNATURE		7	100	1.0	. Tre po	,,,,	1/10		31.0.
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	IMMI/	4/ 1.1.1	1 1	TANK MEN AL	THE PERSON								

96-1615-017

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

B.K.S ITEMS: 23 PART I, 27, PER MEO FILM G-734 4/12/96 t.t ...

d/	Department of Health a	nd Mental Hygiene	-
	Certificate of Death	Reg. No.	

**Physician** /Medical Examiner

CHARLES EDWARD MUDD, JR. 2. Dete of Death Month

3. Time of Death 2143 PM

1 ☐ Yes 2 ☑No

1. Decedent's Neme (First, Middle, Last)

**Funeral** 

 Birthplece (State or Foreign Country). Washington DC

Director

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Funeral

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event, the Medical Examiner must be notified at nt of Health e If item 27 is or other tra

Peges 1 and 2 should be filed within 72 hours effer death nent of Health end Mentel Hygiene. Int: If them 27 is marked other than "natural", or itams 23. Baltimore, Maryland 21215-0020 Depertment of Important: If any injury or once.

**Physician** /Medical **Examiner** 

that the death certificate be executed

The lew requires

Hospital or Attending Physician:

To the

Box 68760.

P.O.

Division of Vital Records.

Examiner slotan and buriel-transit physician Physician/Medical the 80 esn nse signed t þ Completed Should hes page 2 certificate funeral director, Be Certification: To this After efter death. the in by within 24 hours e To the Funeral C

MARCH 22, 1996 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death PHYSICIANS MEMORIAL HOSPITAL LaPLATA CHARLES If Under 1 Yeer Months Deys If Under 24 Hrs. 8. Dete of Birth (Month, Dey, 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) Months 1√2 M 2□ F 34 212-84-6271 Vre Aug. 20, 1961 Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Waldorf Maryland Charles 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5136 Barracuda Court 20603 USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black. White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 1 Never Merried 2 ☐ Merried 1 ☐ Yes 2 ☑ No Specify: Specify. 3 Widowed 4 Divorced White 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind ot Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Building Maintenance Trainer 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Dorothy Newton Ingling Charles Edward Mudd, Sr. 19e. Intormant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6508 Old Marbury Road, Brandywine, MD 20613 Charles E. Mudd, Sr.-Father 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1X Buriel 2 ☐ Cremetion 3 ☐ Removel trom Stete 4 ☐ Donetion 5 ☐ Other (Specify) Resurrection Cemetery 3-27-96 Clinton, MD 21. Signature of Fugeral Service Licens 22. Name end Address of Fecility Leger 116 au Huntt Funeral Home, Inc. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one ceuse on each line. Benjamin M. Matthews M00658 Immediete Cause (Finel diseese or condition resulting in deeth) CARDIAC ARRHYTHMIA Due to (or es e consequence ot) Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence ot): Due to (or as e consequence of):

Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☑ Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings eveileble prior to completion of cause of deeth?

Approximete Interval Between Onset end Death

1 XYes 2 □ No

1 KYes 2 No

25. Wes case reterred to medical exeminer? ¥XYes 2□ No

5 Pending investigetion

6 Could not be determined

Hospitel: 1 Inpatient 2FR/Outpetient 3 DOA 28e. Dete of Injury (Month, Dey Year)

28e. Plece of Injury - At home, term, street, tactory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 28b. Time of

1 Yes 2 No

28d. Describe how injury occurred

29e. Certifier (Check only one)

27. Menner of Death

1 XX Neturel

2 Accident

3 SuicIde

4 Homicide

1 Certifying Phyaician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as stated.

\*\*Chief Certifying Phyaician: To the best of my knowledge, deeth occurred et the time, date snd plece, and due to the cause(s) end menner steted.

29b. Signeture end title of certifier Donald G. Wright MD 29c. License number O.C.M.E 29d. Dete signed (Month, Dey, Year) MARCH 23, 1996

28t. Location (Street and Number or Rural Route Number, City or Town, Stete)

DONALD G. WRIGHT, M.D.

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

NATALL C. MIDICULT M. D. 111 PENN STREET, BALTIMORE, MARYLAND 21201

26. Plece ot Deeth (Check only one)

State Registrar

completely

Medicai

31. Dete tiled (Month, Day, Year) MAR  $^2$   $^6$ 32. Registrer's Signeture Julia Davidson Rendall 1996

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DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Fage 6 may be retained to	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should I	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal
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Amended # 8, 788, 3/11/96, Allegany County
FOR
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH 0545 Lucinda M 7. DATE OF BIRTH (Month, Day, Year) MCKENZIE 4. SOCIAL SECURITY NUMBER B. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (In yrs. last birthday MONTHS DAYS HOURS 214-28-6976 65 1 M 2 XF Oct 30 1930 MAKYXGONO 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital & Medical Center Cumberland Allegany 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Allegany YES 2 NO Westernport 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE Rt. 1 Box 5 21562 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 🕅 Widowed 4 🗌 Divorced White 16e. DECEDENT'S USUAL OCCUPATION ETED. 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Kitchen Aid Hospital 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Leonard Myers Ethel Emerson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Terry Redman 492 S. Main St. Keyser, WV. 26726 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, Stata DATE 20s. METHOD OF DISPOSITION

1 N Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Philos Cemetery 3-9+96 Westernport, Md 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Boal Funeral Home Ry 111 Church St. Westernport, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximata Interval Between ahock, or heart failure. List only one ceuse on eech line. Onset and Death **IMMEDIATE CAUSE (Finel** . RUPTURED ABDOMINAL AORTIC HNEURYSM disease or condition reaulting in death) betic atheroscleratic disease CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING HYPERTENSION
TOUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO INTRAVASCULAR coaquiation COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 26a. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only one)

One)

MEDICAL EXAMINED On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) mD March 6. 1996 2 34362 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21502 Roy Chisholm, 924 Seton Drive Cumberland, MD

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev t/89

**Physician** 

/Medical

**Examiner** 

Director

Funeral

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To Be Completed

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland Depertment of Health end Mental Hyglene. Important: If them 27 is marked other than "natural", or thems 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at enter.

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Be Completed by

Medical Certification: To

Baltimore, Maryland 21215-0020

	State of Mary		partme ertifica			and N		iene 9 g. No.	6	091	51
Decedant's Neme (First, Middle, Last     RONALD Lynn		JLLENI	X				2. Date of Deet Month MARCH	h Dey	Year 996	3. Time 22:	a of Death
4e. Facility Name (If not institution, giva RT • 60 AND LE]		PIKE					ocation of Deeth STOWN	4c. Count WAS	y of Death HING	TON	
219-52-2281	7. Age (In 2M 2 F 46	yrs. lest birthde Yrs.	Month	der 1 Yaar ns Deys	If Undar Houra	24 Hrs. Min.	8. Data of Birth (Month, Dey, Nov. 8		Coui	plece (Steintry) Tylan	te or Foreign
Usuel Residence of Decedent  10a. Stata 10b. County		c. City, Town or							1		City Limits
Maryland Washing	gton	Hager	10f. 7	Zip Code			1	0g. Citizen of	What Cour		00 120,110
20934 Leitersburg	Pike		2	21742		_		USA			
11. Marital Status  1 Naver Merried 2 Married  3 Widowed 4 Divorced	12. Was Decedant Ever Armed Forces? 1 X Yas 2 No If Yes, Give Yeer or Detas:	in U,S. 1	If Yes, s	cedent of H pecify Cube 2 X No	ispanic Origin, Mexicen  Specify:	gin? (Sp , Puerto	pecify Yes or No- Rican, atc.)		ce - Amaricock, Whita,	atc.	,
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Elementery/Secondary (0-12)	College (1-4or 5+)		ishwa		,			restau	rant		
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	lenix				Bett			ecool	- 1		
19e. Informent's Neme/Reletionship (7) Mary E. Mullenix						r or Rui	rel Route Number, Hagerst				1742
20e. Method of Disposition  1 Buriel 2 Cremetion 3 F  4 Donetion 5 Other (Specify)	Removel from Stete	Ob. Plece of Discometary, of	remetory o	r other pled		ì		20c. Location Hagerst			
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3 Suicida 8 Could not ba 4 Homicide determined	28e. Plece of Injury - building, etc. (S)	At home, ferm, pecify)	street, fect	ory, office			28f. Location (Sti City or Town R+ 60 at	stewn	ters but Md	g Pil	um <i>ber,</i> < e
29a. Certifier (Check only one) 1 Certifying Phys	elcian: To the best of my ner: On the basis of exa end menner stated.	knowledge, de minetion end/or	eth occurre Investigetion	ed et the tim on, in my o	ne, dete end olnion, deet	d plece, h occuri	end due to the ce	use(s) and m	anner es s end due to	tated.	e(s)
29b. Signeture end title of certifier	1 PO A	- "0	2	9c. Licens	number . M . E			od. Dete signe			

111 Penn Street, Baltimore, Maryland 21201

To the Hospital or Attending Physician: The lew requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriat-transit Division of Vital Records, P.O. Box 68760,

> State Registrar

Dennis Chute.
31. Dete filed (Month, Day, Yeer) MAR 1 91996

Chute MD



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	-				Certifica		Death	R	eg. No.		05102
п	Physici	an	Decedent's Name (First, Middle, Last					2. Dete of Dea Month	th Day	Year	3. Time of Deeth
Į,	/Medi		Pereppa Rosa					march	<u>13</u> 1	996	2213
	Examir	ner	4a. Fecliity Neme (If not institution, give	streef end number)			4b. City, Town, or	Location of Death	4c. County	of Death	
L	c		Washington Coun	ty Hospital			Hagers			hingt	on
	Funeral		Social Security Number     6. S	ex 7. Age (in yrs. i	Months	Pr 1 Yeer Days	If Under 24 Hrs Houra Min.	8. Date of Birth (Month, Day	Year)	9. Birthp	place (State or Foreign
۰	Director		219-20-0238	87	Yrs.		70.11	Nov 17			nsylvania
	pu		Usuai Residence of Decedent  10a. State 10b. County	10c City	y. Town or Location					- 1	Od Incide City ( Imite
	anyla sho	=	Tod. State	100. 019	y, Town of Location						0d. inside City Limits  17☐ Yes 2☐ No
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	ar da	Funeral Director	11. Marital Status	12. Was Decedent Ever in U, Armed Forces?	S. 13. Was Dece If Yes, spi	edent of F scify Cub	Hispanic Origin? (S an, Mexican, Puer	pecify Yes or No- to Rican, etc.)	14. Rec Bla	ce - Americ	
20	or i	by F	1 Never Married 2 Married	1 ☐ Yes 2 ☑ No If Yes, Give	1 ☐ Yes	2 💢 No	Specify:		Specif	v:	
21215-0020	within 72 hours after death with the Maryland ana. than "natural", or items 23a or 28a-f show he Medical Exprises must be notified at	D D	3 NWidowed 4 □ Divorced	Year or Dates:						White	
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Maryland	l 2 st and reun		19e. Informant's Neme/Relationship (7		19b. Mailing Addres	is (Street	and Number or Ri	ural Route Number	r, City or Town	, State, Zip	Code)
	land lealth m 27		Lester Mowen - So		12203 Bro lace of Disposition (Na		eld Aven				
Or	gas tof h		20a. Method of Disposition 1   ☐ Burlal 2 ☐ Cremation 3 ☐	Removal from Stete	emetery, cremetory or	other pla			20c. Location		
Ë	men men men men men men men men men men		4 Donation 5 □ Other (Specify	Broa	adfording l	1em.	Gardens	3-16-96	Hagers	town,	Maryland
Baltimore,	pernit. Pagas 1 and 2 should be filed within 72 hours after death with the Marylan Department of Haalth and Mental Hyglana. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other treumatic event, the Medical Examiner must be notified at once.		21. Signature of Funeral Service Licen	000	22. Name a Minni	nd Addre	uneral H	ome			
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ó	Attending Physician: The law requires that tha death certificate be associted at death.  ector: After this cartificate has been signed by the attending physician actor; by the funeral director, page 2 should be deteched for use as the buriel-transit	edical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	Campon	r as a consequence of we Heave so o consequence of	10 C	allun-			~	100
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0	deat a att	sick	Part if. Other significant conditions co	ontributing to death but not resu	ulting in the underlying	ceuse air	ven in Part i.	23b. Did to	obacco use co	entribute to	the cause of death?
Division of Vital Records, P.O.	that the death cer ed by the attendir deteched for use	Physician/M						1 🗆 Y	es 2 No	3 □ Prof	bably 4 Unknown
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3 Time of Death Month **Physician** SHIRLEY MCNAMBEE MARCH 13,1996 17:42 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner THE JOHNS HOPKINS HOSPITAL Baltimore BALTIMORE CITY If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Feb. 27, 1942 5. Social Security Number 7. Age (In yrs. iast birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2♥F Months Deys Hours 54 216-38-0775 Director Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner inset be notified at 1 Yes 2 No Funeral Director Maryland Washington Hagerstown 10e. Street end Number 10f. Zin Code 10g. Citizen of What Country? permit. Peges 1 and 2 should be filed within 72 hours after deeth with t Department of Heelth and Mentel Hygiene.
Important: If Item 27 is marked other than "natural", or Items 23a or 2 any Injury or other traumatic event, tra Heritral Example. 951-B Lanvale Street 21740 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ᡚ No If Yes, Give Year or Dates: 13. Wes Decedent of Hispanic Orlgin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 9 Years Collega (1-4or 5+) Homemaker Personal Residence 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Joseph Edward Roberts Violet Barton 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Tammy S. Linton/Daughter 1025 W. Washington Street, Hagerstown, MD 21740 20b. Piaca of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai 2 X Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Smithsburg Crematory 03-15-1996 Smithsburg, Maryland 22. Name and Address of Facility Douglas A. Fiery Funeral Home 21. Signature of Puneral Service Licenses 1331 Eastern Blvd. North, Hagerstown, MD 21742 lease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Physiclan** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Physician/Medical Examiner The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, attending physician Due to (or es e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? hyperche lestorolemia tobacco Yes 2 No 3 Probably 4 Unknown signed by Be Completed by 24b. Were autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy performed? peen certificata Hospital or Attending Physician: 25. Was case referred to medical examinar? 26. Placa of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpetient 3 DOA After this Certification: 27. Mannar of Death 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Time of 1 Natural 2 Accident 5 Pending death. 1 Yas 2 No investigation after death Director: in by the Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide within 24 hours aft To the Funeral DI completely filled in Certifying Phyalcian: To the best of my knowledge, death occurred at tha tima, data and placa, and due to the cause(s) and mannar as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. 29a, Certifier Medical 29b. Signeture each title of 29d. Date signed (Month, Day, Year) 0 30. Name and address has Hopkens Hospital, Carnegic SG8, B. Ho, MD 21287 31. Date filad (Month. State

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Conard Month Ohn 4840 p.M oproid March 1996 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Washington 5. Social Security Number Hospital Hagerstown ounty Washington. If Under 1 Year 7. Aga (In yrs last birthday) Birthpisce (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Days Hours 1☑M 2□ F Yrs. Director 54 182-32-4486 Nov. 1, 1941 Pennsylvania Ususi Residence of Decedent with the Merylend 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits or 28a-f ahow traumatic event, the Madical Examiner must be notified at Yes 2□No Director Pennsylvania Franklin Rouzerville 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 11791 Pen Mar Road Items 23a 17250 USA Funeral Pages 1 end 2 should be filed within 72 hours after deeth in the Health and Mental Hygiane.
nt: If Item 27 is marked other than "natural", or items 23. 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No. if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. 1 X Yas 2 ☐ No If Yes, Give Yaar or Datas: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 12 No Specify. þ Specify: 3 ☐ Widowed 4 🏋 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) **GED 12** Machine Operator Machine Company 18. Mothars Nama (First, Middle, Maiden Surmame) 17. Father's Nama (First, Middle, Last) Be John C. Murdorf 10 Leona Tracey 19a. intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 s Department of Health ar Important: If Item 27 is any injury or other trau Jeffrey Murdorf Chambersburg, Pa. 20c. Location - City or Town, State 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 1 ☐ Buriai 2 【Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Smithsburg Crematory Smithsburg, Md. Signature of Funeral Service December 400849
Paul Tochstampton 48 S. Church Street, Waynesb
Part I. Enter the disease, or complications that officed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause of such line. 22. Name and Addrass of Facility Snyder-LOCHSTAMPFOR F.H. INC. 48 S. Church Street, Waynesboro, Pa. 17268 **Physician** /Medical Immediate Cause (Final inforction. 30 minutes disaasa or condition resulting in death) myocandial Examiner infection of uncleave etiology 2 weeks Examiner or Attanding Physician: The law requires that the death certificete be axecuted Sequentially list conditions, if any, leeding to immediate cause. Entar Underlying Cause (Diseese or Injury that initiated events resulting in death) Last mphoblastic leukemia. Division of Vital Records, P.O. Box 68760, attending physician for use as the buria Physician/Medicai Due to (or as a consaduence Part ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 2 No 1 Yss 3 Probably 4 Unknown neutropenia Severe by 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24a. Was sn autopsy performed? 1 ☐ Yes 2 ☐ No certificate 25. Was casa raferred to medical examiner? Be 26. Piaca of Death (Check only one) 1 ☐ Yes 2 No 27. Manner of Death Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After 5 Pending investigation 1 Naturei 2 Accident 1 ☐ Yes 2 ☐ No death. after death filled in by the 3 Suicide 6 Could not be 28t. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of injury - At home, term, street, tactory, office building, etc. (Specify) 4 Homicide within 24 hours a

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completely filled Hospital Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated. Medical 29a, Certifier (Check only one) \$ 29b. Signatura and title of certifiar 29d. Date signed (Month. Dav. Year) 29c. Licensa number and address of person who completed cause ot death (item 23a) (Type, Print) S. Cleveland 363

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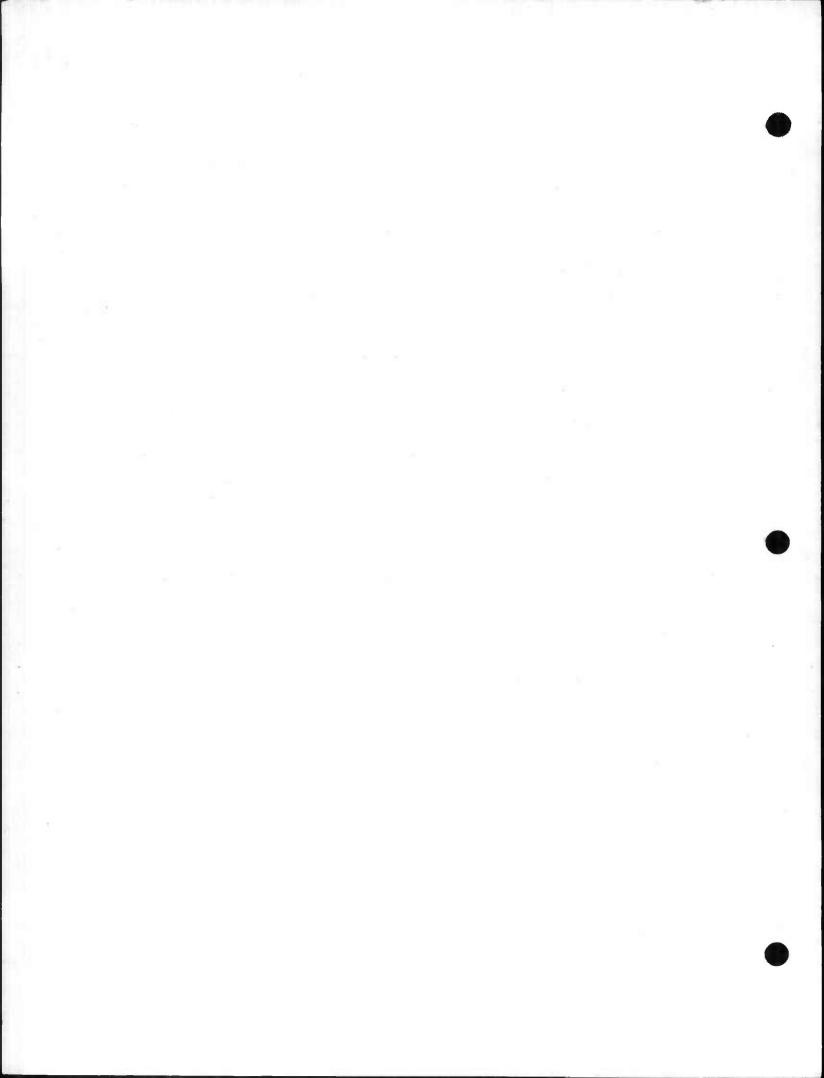
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Pinto, MD

P.O. Box 131 Pinto

Dinesh Shah M.D.

31. DATE FILED ARR 15 1996



**BALTIMORE, MARYLAND 21215-0020** 

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Chang Hyun Oh, M.D.

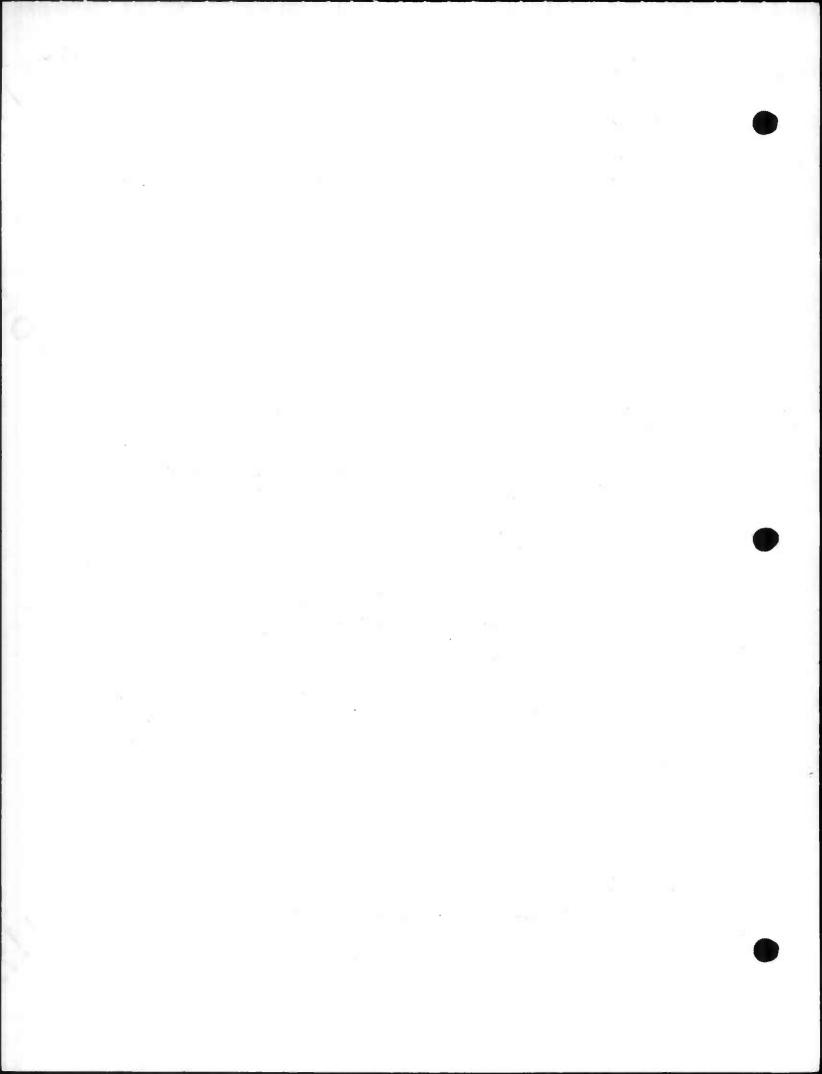
31. DATE FILED (Month, Day, Year)

MAR 2 0 1996

., 48 Tarn Terrace,

		FOR STATE REGISTRAR	STATE OF MAP				F HEALTH AND OF DEATH	MENTAL HYGIEN		
	i	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH
		Virginia Adalin	e Murphy					March	17,1996 AR	10:25 AM M
		4. SOCIAL SECURITY NUMBER 217-03-2155	1 ☐ M 2 🔀 F	NGE (In yrs. les	YRS.	MONTHS DA		June 13,19	17 8. BIRT	HPLACE (State or Foreign Yland
9	5	Egle Nursing Home	eet and number)			9ь. СІТУ, ТО LON	WN OR LOCATION OF CACONING	DEATH	oc. county of Alleg	gany
[		RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			I too CIT	Y, TOWN OR L	DOLLION			
DIBECTOR	-	Maryland Allega	ny			iconin	3			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FIINERAL		12 Union Street					21539		10g. CITIZEN OF USA	WHAT COUNTRY?
ž		11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 [ ] IF YES, GIVE WAR (	YES 2 TH		If ye		ANIC ORIGIN? (Specify Yeson, Puarto Rican, etc.)	Bie	CE — American Indian, ck, White, atc. White
1 5		15. DECEDENT'S EDUC	ATION completed)	18a. DE	CEDENT'S	USUAL OCCU	PATION	16b. KIND OF BL	SINESS/INDUSTRY	1/4
COMPI FTED		Elementary/Secondary (0-12)	College (1-4 or 5 +)		undry		g most of working	Nurs	ing Home	- 10
at once	ı	17. FATHER'S NAME (First, Middle, Last) Joseph Ricker					18. MOTHER'S N Myrt1	AME (First, Middle, Maider C	Metz	
examiner must be notified at once. TO RE COM	)	190. INFORMANT'S NAME (Type/Print) Wm. Murphy		19 Bo	b. MAILING OX 10	ADDRESS (St.	eet and Number or Rura	1 Route Number, City or Tox 21521	wn, State, Zip Code)	
nust be		20e. METHOD OF DISPOSITION  1 X Buriel 2 Cremetion 3 Removed  4 Donation 5 Other (Specify)	val from Stata			of DISPOSITIO		20, 1996 C	ocation — city or 1 Cumberlan	fown, Stata
9	ı	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			22.NAN				,
		Jan E. My	11:			Lo	naconing,M			
edica		23. PART I. Enter the diseases, or or ahock, or heart failure. L	inplications that call	used the da	ath. Do r	ot antar tha	moda of dying, au	ch as cardiac or reap	oiretory arrest,	Approximata interval Between
t, the m		iMMEDIATE CAUSE (Final disease or condition resulting in death)	Reep	into	ref	Xa	, line			Onset and Death
or other traumatic event, the medical			OSE TO (OR	AS A CONSE	DUPICE OF	Day	fuction	y		2WEEK!
r other traumatic		Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	MYE DO (OR	AS A CONSE	DUENCE OF	STA	CTIVE	PULMON	HOT D	rs ZWEZKS
r other		CAUSE (Disease or injury that initiated avanta resulting in death) LAST	ASP	AS A CONSEC	OUTUGE OF		NEUMON			DWEEK (
, E		DARK II. Oak on all a Miles and a see that		77.7						7
any in		PART II. Other algnificant conditions	contributing to daa	th but not r	resulting	n the under	lying causa given li		RMED?	b. WERE AUTOPSY FINDINGS  AMILABLE PRIOR TO  COMPLETION OF CAUSE  OF DEATH?
AN: ME		DID TOBACCO USE CO	ONTRIBUTE TO	O CAUS	E OF	DEATH	YES [ NO	 D [4]		1 D YES 2 DAO
		25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Outpatient 3	□ DOA	OFHER:	6. PLACE OF DEATH (C			
PHY PHY		27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJU (Month, Day, Ye	JRY	28b. TIM	E OF 280 URY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	
80 H		2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide determined	28s. PLACE OF IN. building, etc.	JURY — At ho (Specify)	ome, farm, s			281, LOCATION (Street City or Town, State		Route Number,
		29a. CERTIFIER	NAME TO AN A TO A		0000000	N 100	Letter III allow-			
IMPORTANT: If Item  O BE COMPLE		(Check only one) 2 MEDICAL EXAMINER						is to the cause(s) and me be time, deta and place, a		(a) and menner as stated.
E C		296. SUBMATURE AND TITLE OF CENTRIER	1	/	_		29c. LICENSE NO	JMBER	29d. DATE SIGNE	D (Month, Day, Year)
TO B	II.	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	A DEATH OTE	D (20)	Brint	D24	951	March	18,1996

Suite 204, Frostburg, Md. 21532



BALTIMORE, MARYLAND 21215-0020

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MEDICAL

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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DR.	DIRE	HOURS	tem
) THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Tell hours after death. Page 6 may be retained by the hospital or attending physician	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notif
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96 09157 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR 14 1996 L. **MYERS** 12:00 P M March 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 F YRS 236-42-0207 Mar 7. 67 1929 WV 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH SC COUNTY OF DEATH ALLEGANY MEMORIAL HOSPITAL **CUMBERLAND** 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Allegany MD Cumberland TY YES 2 NO 10e. STREET AND NUMBER tog. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE USA 21502 360 High Bedford Street 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: 3√ Widowed 4 □ Divorced white 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname) George D. Cayton Edna (Bobo) 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) George P. Myers Short Gap, WV 27667 20s. METNOD OF DISPOSITION

1 X Burlel 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Flintstone, MD 03/18 Rocky Gap Veterans Cem SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home amas Cumberland, MD 21502 23. PART i/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Advanced small cell cancer of lung reaulting in death) 18 months DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DE DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES YOUNG UNCERTAIN TO

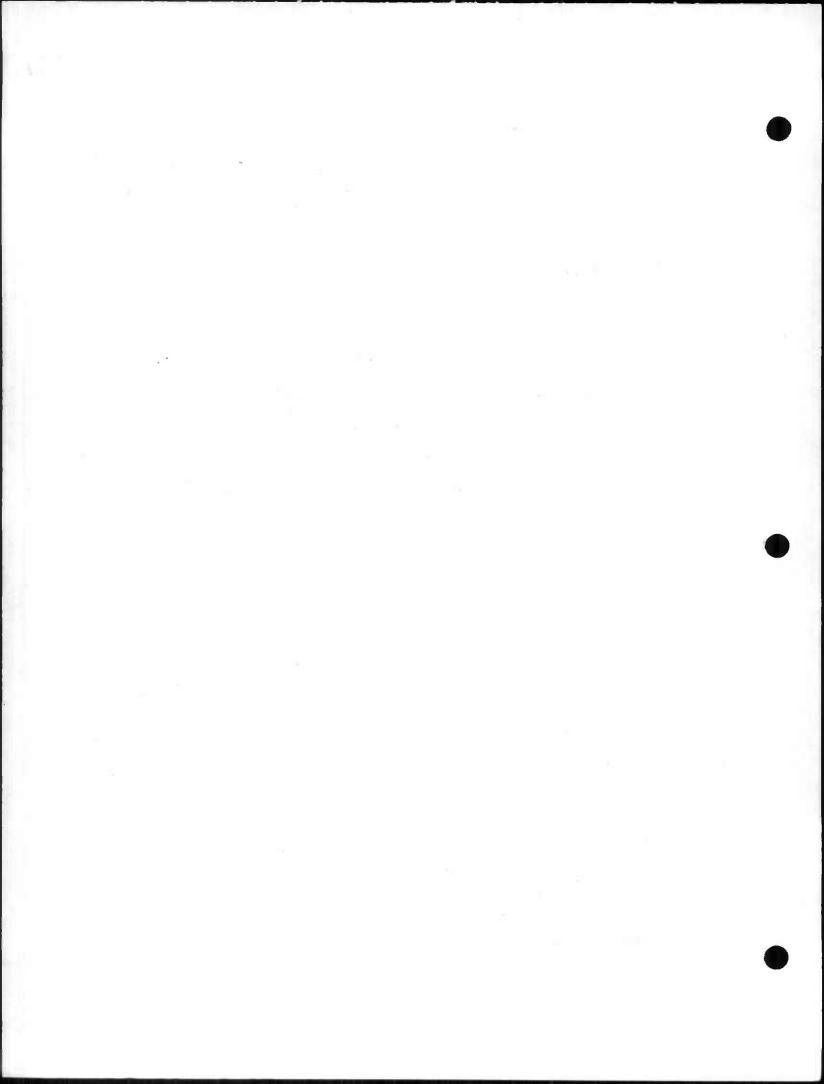
5. WAS CASE REFERRED TO MEDICAL	28. PLACE OF	DEATN (Check only one)	
EXAMINER?	HOSPITAL: 1/ Inpatient 2   ER/Outpatient 3   D	OTHER: 4   Nursing Nome 5   Residence	8 Other (Specify)
1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Dey, Year)	b. TIME OF INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCURED
3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At home, 1 building, etc. (Specify)	larm, street, factory, office	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Ba. CERTIFIER (Check only one)  1. CERTIFYING PHYSICIAN: To the beat of my lone)  2. MEDICAL EXAMINER: On the basis of axami			and manner as stated. placs, and due to the cause(s) and manner as stated.
DE SIGNAPORE AND TYLE OF CERTIFIER	MO	29c. LICENSE NUMBER D 23371	29d. DATE SIGNED (Month, Day, Year)  ► March 18, 96

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Qamar Zaman M.D. 625 Kent Ave. Suite 102 Cumberland, MD 21502

32. PEGISTRAR'S SIGNATURE Year )

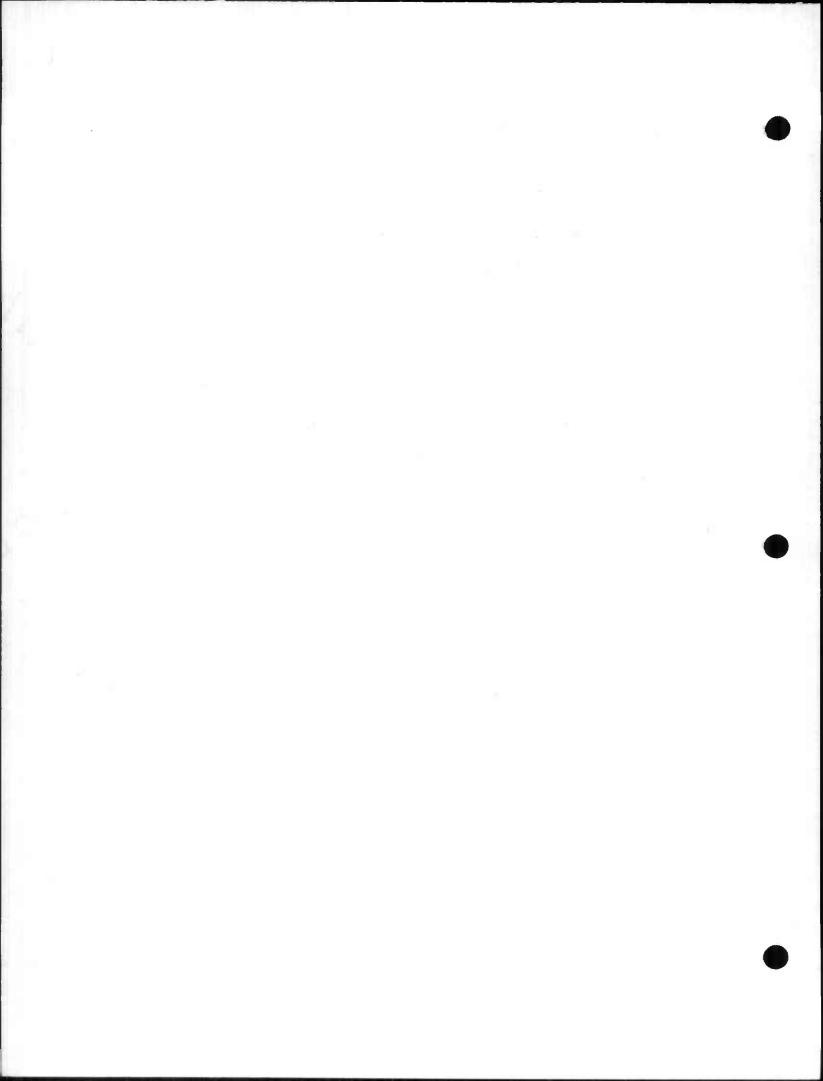


DIVISION OF VITAL RECOMDS, P.O. DOA DO COLOR TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR? After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEN REG. NO.	_	
1. DECEDENT'S NAME (First, Middle, Last) TERESA NMN	MCKENZII				2. DATE OF DEATH DA	NY YEAR	
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	MARCH 14,		4:42 P M THPLACE (State or Foreign
217 42 6759	1 □ M 2 💢 F 78	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) APRIL 3,	1917 MAR	YLAND
9a. FACILITY NAME (If not institution, give SACRED HEART HOS				OR LOCATION OF DI ERLAND	EATH	9c. COUNTY OF	EGANY
10a, STATE 10b, COUNT	TY	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
MARYLAND ALL	EGANY	]	FROSTBU	RG		10. CITIZEN OF	LIMITS?  1 X YES 2 NO  WHAT COUNTRY?
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UCKLE LANE		100	21532			S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Bi	ACE — American Indian, ack, White, etc.
15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during me		16b. KIND OF BUS	SINESS/INOUSTRY	
1.2	Conege (14 or 5+)	CLERI	K		DRUG STO	ORE	
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Sumame)	
DANIEL NOLAN  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		RY BAILEY  Route Number, City or Tow	n, Stete, Zio Codel	
JOSEPH DICK					D, BALTIMO		21227
20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rei	moval from Stata C	ob. PLACE AND DATE OF emetery, cremetory or oth OAK HILL C	ner plece)			CATION — City or	Town, State MD 21539
21. SIGNATURE OF AINERAL SERVICE L		hum	90WER	ND ADDRESS OF FA		Α.	
ahock, or heert fellure IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b. DUE TO (OR AS	R M	E RO9.		INFARC		Interval Between Onset and Death 3 DAY
	BRIL (ATTON UE ARTHOU	15/901	THYRO	101514	1 TES 2	RMED?	Add. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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EXAMINER?	HOSPITAL:		OTHER: 4 Nursing Hor	ne 5 🗆 Rasidence	8 Other (Specify)		
27. MANNER OF DEATH  Natural 5 Pending investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	JRY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be determined	28a PLACE OF INJUI	RY — At home, ferm, st pecify)	treet, factory, offic		2af. LOCATION (Street City or Town, State)	and Number or Rur	el Route Number,
(5.10.51.51.1)	SICIAN: To the best of my kn						e(a) and manner as stated
296. SIGNATURE AND TITLE OF CENTIFI				29c. LICENSE NU			IED (Month, Day, Year)
1911	Mazzo.	wm	<b>)</b>	D0713	35	<b>▶</b> MARCH	
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type.	Print)	umberh	nd MD	2/502	
31. DATE MAR'S 0 1996	TO A PENELLAN	GNATURE				TOUL	



3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

March

IF UNDER 24 HRS.

101, ZIP CODE

21532

requires that the death certificate be executed DIVISION OF VITAL RECORDS, P.O. WE HOSPITAL DR ATTENDING PHYSICIAN: The

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ed by the attending physical hand Mental Hygiene p

permit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Maurey, Carmen B. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 1 M 2 F YRS. 219 46 0315 Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH FROSTBURG VILLAGE NURSING HOME FROSTBURG 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND ALLEGANY FROSTRURG 10e. STREET AND NUMBER 45 CENTENNIAL STREET 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES A If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Married 2 Merried 1 YES 2 NO Specify: 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only h Elementary/Secondary (0-12) College (1-4 or 5+) 8 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) VINCENT BOLLINO 19a. INFORMANT'S NAME (Type/Print) HELEN MAUREY

1996 10:45 ам 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) AUG. 20, MARYLAND 1906 9c. COUNTY OF DEATH ALLEGANY 10d. INSIDE CITY 1 💢 YES 2 🗌 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY OWN HOME

LENA SPALLA 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 45 CENTENNIAL ST., FROSTBURG, MD 21532

20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State MICHAEL S CEM. MARCH 11,1996 FROSTBURG, MD 21532 22. NAME AND ADDRESS OF FACILITY

18. MOTHER'S NAME (First, Middle, Maiden Surneme)

SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532 complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

shock, or heart fellure. List only one cause on each line. DUE TO (OR AS A CONSEQUENCE OF):

Coronary DUE TO (OR AS A CONSEQUENCE OF

Covonay DUE TO (OR AS A CONSEQUENCE OF):

O Jeans

PART II. Other algnificant	t conditiona contributir	ng to deeth but not regulting	g in the underlying ceuse given in	Part I.
			disorder	
Demen	tia.	Anemi		

24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | 10 OF DEATH? 1 TYES 2 NO

Approximate

Interval Between

Onset and Death

O Min

10 minule

### DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

**EXAMINER?** 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF OEATH 28e. DATE OF INJURY 1 Natural

5 Pending Investigation

20s. METHOD OF DISPOSITION
1 XI Burlel 2 Cremation 3 - Removal from State

Donation 5 Other (Specify)

23. PART i. Enter the diseases, or

**IMMEDIATE CAUSE (Final** 

disease or condition resulting in death)

Sequentielly list conditions,

If any, leeding to immediate

cause. Enter UNDERLYING

CAUSE (Disease or Injury

that initieted eventa resulting in death) LAST

2 Accident

3 Suicide

4 Homicide

21. SIGNATURE OF EMHERAL SERVICE DICENSE

4 3 6 Other (Specify) 28b. TIME OF 28c. INJURY AT WORK? INJURY

1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 6 Could not be

28d. OESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know ledge, death occurred at the time, data and place, end dua to the cause(s) and manner ee stated.

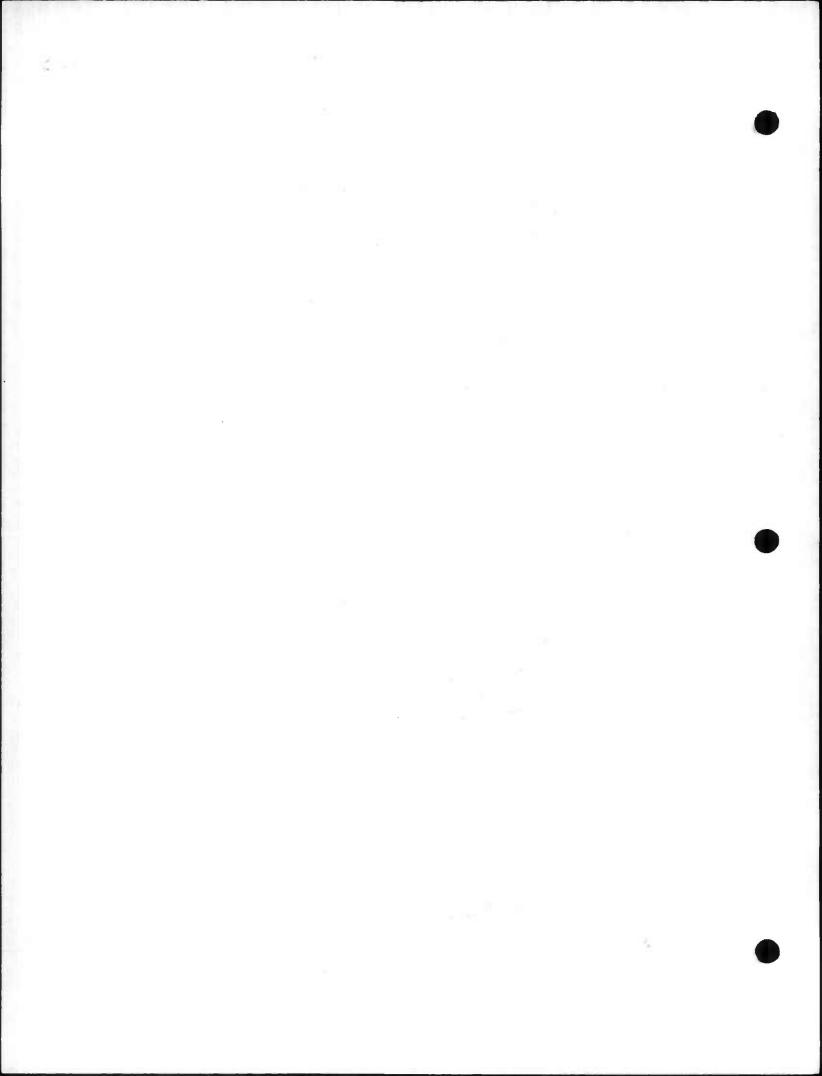
2 MEDICAL EXAMINER: On the basis of 29b. SIGNATURE AND TITLE OF CERTIFIER

	9	Landhi	RD
NAME AND ADDRESS OF BEHAVIOUR	CONTRACTOR OF		

LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Ybar)

DHMH-16 Rev 1/89



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 09160

a. Facility Nama (If not Institution, gt  DVA MEDICAL CENTE  . Social Security Number 6.	FINN NORMAN, iva streat and number)  ER, FT. HOWAL  Sax 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age  1 M 2 F 7. Age	RD, MD a (in yrs. last 75  10c. City, T. Int  Evar in U,S. No WWII Korea  11  20b. Place ceme Pala	birthday) Yrs.  own or Loe erlace  13.1  6a. Decee (Giva iiia. Lal  9b. Mallir 200 e of Dispostary, crera at ka	ocation  chen  10f. Zip  Was Decedif Yas, spec fill Yas, spec dant's Usue kind of word bo NOT usus by Tech ng Address 97 Mis. sition (Namatory or or or or or or or or or or or or or	Code  3 lant of High Cuba 2 (X No al Occupping dona caretired hnic (Street a Sty) na of that place ial( d Addras Cri	Fort Ho If Under 24 H Hours M  2148  ispanic Origin? In, Mexican, Pu Specify:  ation during most of w  (Una and Number or Meadow  Gardens	(Specify Yas or Narto Ricen, atc.)  (Specify Yas or Narto Ricen, atc.)  working  tama (First, Middle Vailable Rural Routa Numing)  Road Fi Data  3-5-96  Masters	Day 2 th 4c. Count Bal. irth year) 10g. Citizan ol United 0- 14. Ra Ble Spech 16b. Kind of E Health a, Meiden Suman ) ber, City or Town nksburg 20c. Location Palat Funeral	what Count State ce - America ck, Whita, a fy: Businass/Indi Care ma) , Stata, Zip , Mary - City or Tov	aca (State or Form) Ford, C  Dod. Inside City Lir  1  Yas 2 0  iny?  2 S  an Indian,  atc.  White  tustry  Code)  7 land 21  wm, Stata  lorida
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9b. Signatura and titla of certifiar	1,			29c	Licansa	number		29d. Data signe	ed (Month, D	lay, Year)
	Xhem_			T	30	528		Masal	22	1 199
O. Nama and addrass of person who	NI.	ath (Itam 23)	a) (Type					1.000	· - N	A 1 1 1
	complated cause of de	The framework work	A . A hool							21052
DR. DUGGIRALA, BA		9600	NORT	H POT	NT R	ROAD. FO	ORT HOWAR	RD. MARY	LAND	
9	Left Lung Colla  5. Was casa rafarred to medical axaminar? 1   Yas   2   No  7. Manner of Death 1   Natural   5   Panding invastigative of the could not datarmined to the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the con	Left Lung Collapse, Atria  5. Was casa rafarred to medical axaminar?  1	Left Lung Collapse, Atrial Fibr  5. Was case referred to medical axaminar?  1	Left Lung Collapse, Atrial Fibrilla  5. Was casa rafarred to medical axaminar? 1   Yas   2   No	Left Lung Collapse, Atrial Fibrillation  5. Was casa rafarred to medical axaminar?  1	Left Lung Collapse, Atrial Fibrillation  5. Was casa referred to medical axaminar?  1	5. Was casa rafarred to medical axaminar?  1	Left Lung Collapse, Atrial Fibrillation  24a. Warperf  5. Was casa referred to medical axaminar? 1   Yas 2   No	Left Lung Collapse, Atrial Fibrillation   24a. Was an autopsy performed?	Left Lung Collapse, Atrial Fibrillation   24a. Was an autopsy performed?   24b. Was as a referred to medical examinar?   1

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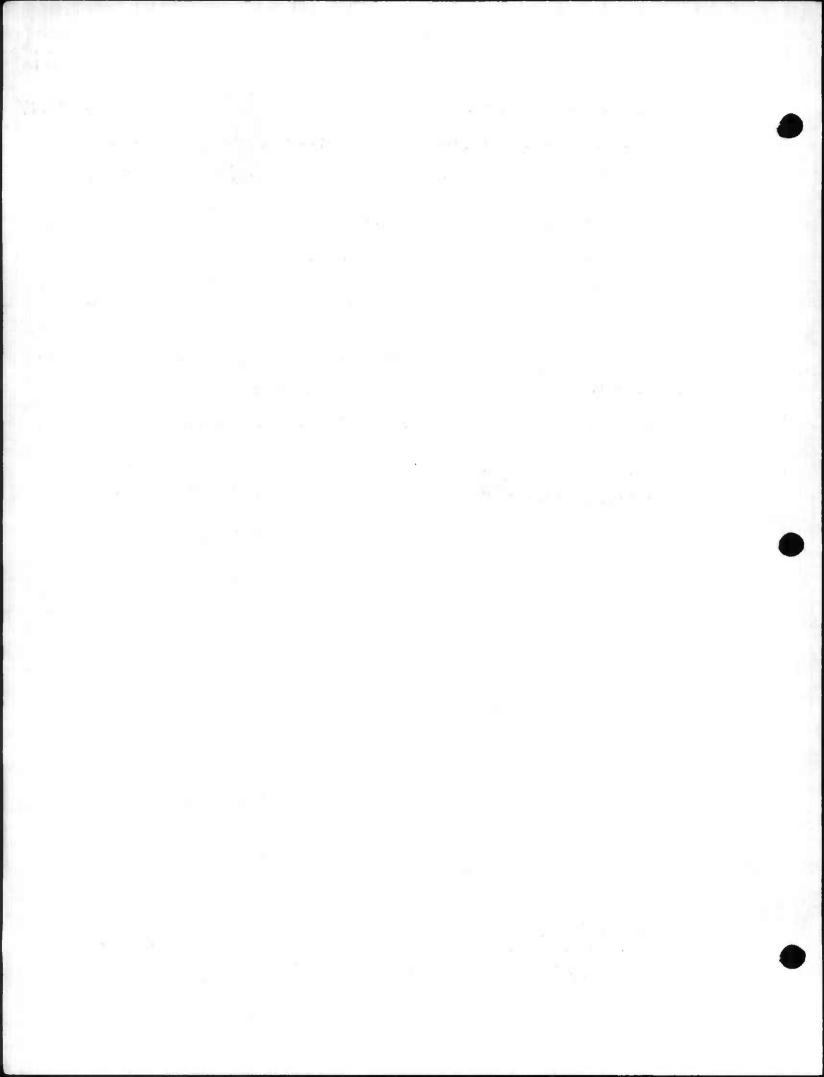
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State of Maryland / Department of Health and Mental Hygiene

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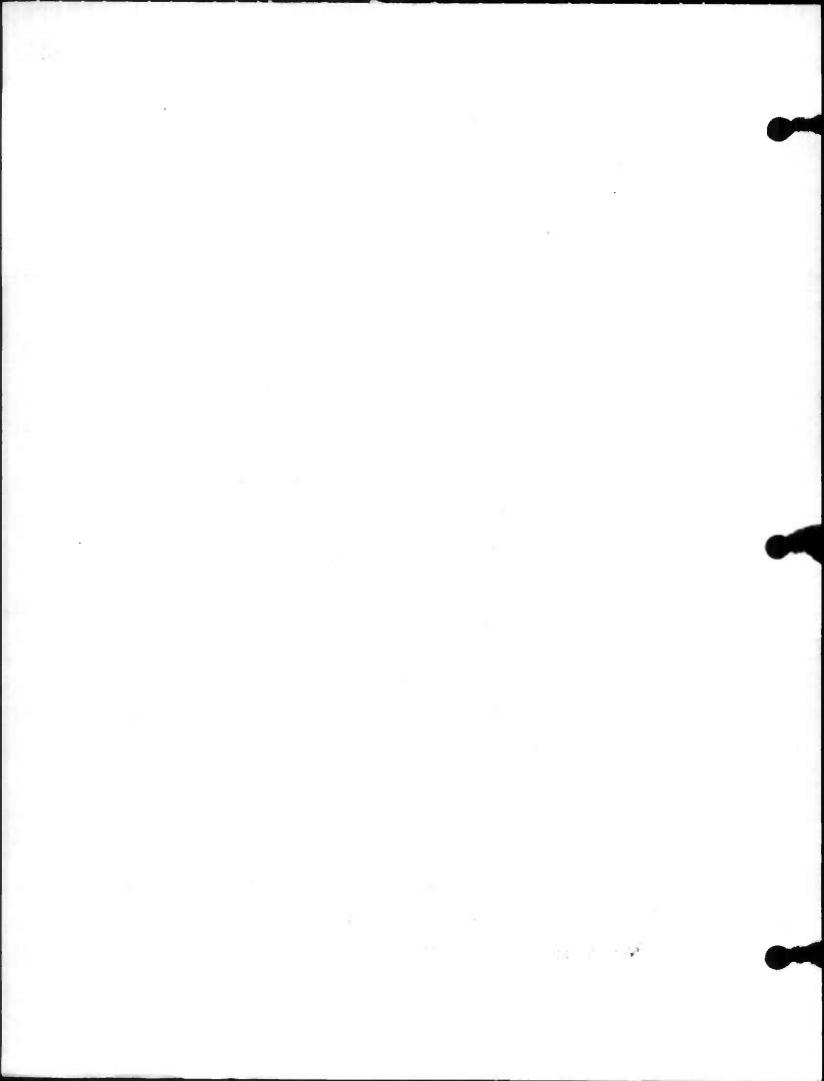
						(	Certificat	e of	Death		R	eg. No.	0	03101
	Diame!		1. Decedant's Nama (First, Middla, La	st)							2. Data of Dea Month		Vaar	3. Tima of Death
	Physic /Medi		Paul Emanue	l Neudec	ker						March	Day 14. 199	Yaar 6	7:30 AM
	Exami		4a. Facility Nama (If not institution, giv	e street and number)					4b. City, To	wn, or Lo	ocation of Death	4c. County	_	
			Carroll County	General Hos	spita	ıl			Westn	ninst	ter		Carro	11
	Funeral Director		5. Social Security Number 213-01-9255  Usuai Rasidance of Decedant	ax 7. Aga □M 2□F	(In yrs. le 78		Months Months	1 Yaar Days		24 Hrs. Min.	8. Data of Birth (Month, Day Mar 26,	Year) 1917	Coun	lace (Stata or Foreign try) yland
	we the	-	10a. Stata 10b. County		10c. City	Town	or Location						11	Od. Inside City Limits
	the Many 28a-f sh	ector	Maryland Carro	11			Hampste				4	0g. Citizan of \	After Cours	1 Yas 2 No
	s 23a or	Funeral Director	1433 Fairmount R					21	074			US	SA	
21215-0020	filed within 72 hours after deeth with the Marylend Hygiene. ther than "natural", or Itema 23a or 28a-f show ant, the Madical Experiment that be incified at	by	11. Marital Status  1 □ Nevar Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Decedant E Armed Forcas? 1√ Yas 2 N If Yas, Giva Yaar or Datas:			13. Was Deced If Yas, spec			gin? (Sp , Puarto	ecify Yas or No- Rican, atc.)		e - Amaric ck, Whita,	
5-0	72 h	Completed	15. Decedant's Ed (Specify only highest gra			16a. [	Decedant's Usua Giva kind of wo	ai Occu	pation during most	of work	ina	16b. Kind of Bi	usinass/Inc	dustry
21	lithin Jen	Jdu	Elemantary/Secondary (0-12)	Collaga (1-4or 5-	+)		Giva kind of wo lifa. DO NOT us		ed)					
	if Hygiene.		11				Manag	er						nufacturing
Maryland	A de b	To Be	17. Fathar's Nama (First, Middia, Last)  Cleveland Neudecker						Alic			(First, Middle, Maiden Sumama)		
lan			19a. Informant's Name/Ralationship (	Type, Print)							al Routa Number	-	Stata, Zip	Coda)
	996lf		Helen Neudecker						, Hamp	oste	ad, MD 2	21074		
Baltimore,			20a. Mathod of Disposition  1 ☐ Burial 2 ☐ Cramation 3 ☐  4 ☐ Donation 5 ☐ Other (Specif		ce	matary	Disposition (Nar cramatory or o 1 Crema	thar pl		1	Data 3/15	20c. Location - Hamps1		01.1.107.5
Balti	permit. Page Department. Important: If any injury or once.		21. Signatura of prerai Sarvice Licer		41	/	22. Nama an	d Addr	ass of Facilit	у ]	Eline Fu	neral H	Iome	rub.
	-		23a. Pert1. Enter the disaese, or com	plications that caused to	tha daath.	Do no					mpstead,		)/4	Approximata
V	Physician		shock, or heart failure. List only	ona causa on aach line	а.								i	Intarval Between Onset end Death
4	/Medical Examiner		Immediate Cause (Final disaasa or condition	. 1	neu	mo	یم لین						į	6 das
п	Examiner		rasulting In deeth)	а	Due to (or	as e co	ensequence of):							
-	D :	nine		b									1	
0,	icate be executed physician and s the burief-trensit	Examiner	Sequantially list conditions, if any, laading to immadieta ceuse. Entar Undarlying Causa (Disease or Injury	C	oua to (or	as a co	nsequance of):						i	
x 68760,	000	Medical	that initiated avents rasulting in death) Last	c	ua to (or	as a co	nsequance of):							
Вох	eath ce ettendi	cian	David Other day Market										ì	
P.O.	by the	Physician/	Part II. Other significant conditions of the Mul	LL	not rasui	ing in t	na undarrying c	eusa g	van in Part I			ee 2 No		the cause of death?
ords,	v requires that been signed should be del	sted by	Chan: Ren	Farl							24a. Was a		ava	are autopsy findings allable prior to
of Vital Record	has t	Completed	Pengles V	ajula D	yea		= at 1	3/4	1		1 🗆 Ya	as 2 No	of c	mpletion of ceuse death?
/ita		Be	25. Was cesa rafarred to medicel axaminar?						26. Placa	of Deat	h (Check only on	a)		
7	S S	2	1 ☐ Yes 2 ☐ No	Hospitai: 1 - Inpatien	t 2 🗆 E	R/Outp	atient 3 DC	DA O	her: 4 🗆 Nu	rsing Ho	ma 5 🗆 Rasida	ance 6 □Oth	ar (Specify	1)
	Attending P ir death. ector: After t by the funera	ation:	27. Manner of Death 1 ☑ Natural 5 ☐ Pending 2 ☐ Accident invastigation	28a. Date of Injury (Month, Dey		28b. Tir Inj	na of 2 ury M	8c. Inju Wa 1 [	ry at ork? ]Yas 2□		28d. Dascribe ho	ow injury occur	red	
Division	s after deatl I Director: of in by the	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined	28a. Piace of Injurbuilding, atc.			n, streat, factory	, office			28f. Location (Si City or Town		er or Rura	l Routa Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edicai C	29a. Certifier (Check only one)	ysician: To the best of ninar: On the basis of a hid mannar state	axamination	ledge, on and/	death occurred or Invastigation,	at tha t	ime, date an opinion, daa	d plece, th occurr	end due to the cared at tha tima, d	ause(s) and ma ata and plece,	anner as st and dua to	ated. tha ceusa(s)
	To th To th comp	Me	29b. Signature and little of confiner	1997 F	hy.		290	. Lican	sa number	212	2	9d. Date signe	(Month)	Day, Year)
•			30. Neme end addrass of person was	confidence clusa Stan	ath (Itam :	30) (T	pe, rint)	7	Bet	In	ial K	W.	7/20	/
	Sta Registr		31. Data filed (Month, Day MAR 1	5 1996 Ragistrar	's Signatu	ira Palic	rbardall							



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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG.	NO.				
1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEAT MONTH	H DAY	YEAR	3. TIME OF C	DEATH	
	YTON	NIE	LD		MARCH 4	, 1996		0350	A M	
	. SEX 6. AGE (In yrs. 80		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, You NOV 2,	1915	8. BIRTH Country	PLACE (State of MD)	or Foreign	
9a. FACILITY NAME (If not institution, give atreet SACRED HEART' HOSE	*			OR LOCATION OF DE	EATH		LEGA			
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		40° CITY	TOWN OR LOCA	ATION!				40.4 10.000		
MD Allec	gany	1.00	dtown					10d. INSIDE (LIMITS?	X NO	
Route 1				21555		US	SA	VHAT COUNTR		
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES			<ol> <li>MAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, apecify Cuban, Mexican, Puerto Rican, etc.)</li> <li>YES 2 M NO Specify:</li> </ol>				or No— 14. RACE — American Indian, Black, White, atc.  Specify:  White			
15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted)	DECEDENT'S US (Give kind of world) (He. Do NOT use	rk done durina n		16b. KIND OF	BUSINESS/INC	DUSTRY			
12		Machin	nist		Te	xtile				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Me	iden Sumame)				
George William	Nield			Ross	ie Ameli	a (Fau	hlel			
19a. INFORMANT'S NAME (Type/Print)	LITEIU	19h MAII INC A	DDRESS /Stmal	and Number or Rural I				_		
								1500		
Loretta I. Nield				n Avenue:				1502_		
20a. METHOD OF DISPOSITION  1X Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State cemetery,	CEANDDATEOF cremetory or other OSET ME	er plece)		03/07	Cumber				
21. SIGNATURE OF FUNERAL SERVICE LICENS		. /	22. NAME	AND ADDRESS OF FA						
23. PART/. Enter the diseases, or com	2 X/Ca	sell	Cum	rpelli Fu berland,	MD 2150	)2				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  a	DUE TO (OR AS A CON-			5				Onset	and Death	
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON									
TILLIC (ANICED)					S AN AUTOPSY REFORMED?	ED? AMAILABLE PRIOR TO				
25. WAS CASE REFERRED TO MEDICAL		LACE OF DEATH								
EXAMINER?	IOSPITAL:		OTHER:	me 5 🗆 Residence	6 Other (Specify					
27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF VORK?  1 VES 2 NO  28d. DESCRIBE HOW INJURY OCCURED WORK?  1 VES 2 NO										
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide datarmined	Accident investigation  Suicide 6 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office building. atc. (Specify)						Street and Number or Rural Route Number, State)			
enel	IN: To the beat of my knowledge,							i) and menner	as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	J, MI	)		DO 3	MBER 459		ARCH	(Month, Day, 1	1996	
30. NAME AND ADDRESS OF PERSON WHO C	MA MD	90	2 SE	ETON	DRIVE	C	UN	BEI	CA	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	R I An				/	1	ND	2151	
196K A D 1330	()	Forger						DHA	AH-16 Rev 1	



1 - FOR STATE REGISTRAR

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	1	1. DECEDENT'S NAME (First	, Middle, Last)			_						OF DEATH			3. TIME OF DEATH
	9	SAMUEL	LEE	NOEL	SR						MARCH 12, 1996 YEAR 2:45AM				2:45AM
		4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign
亨	1	214-07-4548		M 2   F	77	YRS.						20°, 1	1918	717.0	" MD
3 should	<u>س</u>	9a. FACILITY NAME (If not in		and the second			9b. CITY	, TOWN	OR LOCAT	ION OF DE	HTA		9c. COU	NTY OF D	EATH
2,	5	MEMORIAL I		AL		CUMBERLAND AL							ALLE	GANY	
ges 1	DIRECTOR	10a. STATE	10b. COUNT	Y		10c. CI	TY, TOWN	OR LOCA	TION					1	tod. INSIDE CITY
# <u>:</u>		MD	All	egany		] C							LIMITS?		
physician. burial-transit permit. Pages 1, 2,	FUNERAL	10e. STREET AND NUMBER					1 1 1							VHAT COUNTRY?	
an. ransit	岁	915 Lexin	gton A						2150				US	DA.	
hysici urial-l		11. MARITAL STATUS  1 Never Married 2 X	ARMED		If yes, sp	pecity Cub	en, Maxicai	n, Puerto	f? (Specify Yes Rican, etc.)	or No-	14. RACE Black	American Indian, , White, atc.			
fing p	BY	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES			1 TYES	2 (A) NO	Specify	r:			Speci	white
al or attending for use as the	0		EDENT'S EDU		16a	DECEDENT	S USUAL O	CCUPATI	ON of works	ina	16b	. KIND OF BUS	SINESS/INC	DUSTRY	
for u	COMPLETED	Elementary/Secondary (t	+)	Ille. Do NOT	use retired.)							1			
the hospit detached once.	₽	12		Main	tenan	ce (	<del>-</del>			_	_	High	way Admin.		
by the hor be detach at once.		17. FATHER'S NAME (First, M							Widdle, Maiden (Leas						
should to	BE	Henry I		L		19b MAII IN	G ADDRES	e /Street						Codel	
s retained 5 should notified	유	198. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code  19c. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code  915 Lexington Avenue; Cumberland, MD													1502
hours after death. Page 6 may be retained by the hospital or attending physician, and in by the funeral director, page 5 should be detached for use as the burlat-tran or removal.  medical examiner must be notified at once.					20b. PLA	CEANDDATE	OF DISPOS	ITION /N	ame of			E 20c. LO	CATION -	City or To	wn, State
rector, p		20s. METHOD OF DISPOSITION  12 Burlel 2 Cremetion 3 Ramoval from Stata  20b. PLACE AND DATE OF DISPOSITION (Name of completely, crematory of other place)  Sunset Memorial Park  20c. LOCATION — City or Telegraphic Cumberland  03/13 Cumberland													I, MD
death. Pag e funeral dir il.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY   Scarpelli Funeral Home													
r deat		Games of Markell Cumberland, MD 21502													
d in by the or removal.		23. PART /. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or hasn fallure. List only one cause on asch line.													
y filled littion, or the me		immediate Cause (Final													
_ > = =		disease or condition resulting in death)	$\rightarrow$	a. CORONA				OSIS	5						l year
D 2 - 9	_				(OR AS A CON	ISEOUENCE (	OF):								10 20000
and to bur	0	Sequentially list condit	IDns,	b. CAD	(OR AS A CON	ISEOUENCE (	OF):								10 years
sician prior trau	CAT	If sny, leading to imme cause. Enter UNDERLY	ING	CARDIO	MYOPAT	HY DI	ABET	IC							10 years
th certificate be execute and control physician and control Hygiene prior to burian or other traumatic	Ė	CAUSE (Disesse or Injuthat Initiated events	l'y	**	(OR AS A CON		OF):		· ·						
leath certificate be attending physician mal Hygiene prior the raur	CERTIFICATION	resulting in death) LAST													
requires that the death certificate be signed by the attending physician of Health and Mental Hygiene prior is shows any injury, or other trau		PART II. Other significa	nt condition	s contributing to	death but n	ot resulting	In the u	ndariyin	g cause	given in	Part I.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDING
that hed by the and any	MEDICAL											1 YES 2			AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
requires ben sign of Heal	MEI										_				1 TYES 2 NO
		DID TOBACCO U		RIBUTE TO CA			_		_	CERTAIN	1 🗆				
V: The icate h State C	SICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		LACE OF DE	OTHE	Rt:							
SICIAN: The certificate h h the State d, or item	HYS	1 YES 2 NO		1 Minpatient 2		26b. Til			JURY AT	esidenca		r (Specify) SCRIBE HOW II	N II IBY OC	CIBEO	
NG PHYS fler this c eath with marked,	۵.		Pending investigation	(Month, E			JURY M	WC	ORK? YES 2	∃ NO	200. 02.	JOHNSE HOW I	resont oc	CONED	
WDING R Her r death is mar	D BY	2 Deviates	Could not be	28e. PLACE C	of INJURY — A atc. (Specify)	t home, ferm,	street, fac	lory, offic	ia .		28f. LOC	ATION (Street a	and Number	or Rural A	loute Number,
L OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has be hours after death with the State Dept Item 28 is marked, or Item 23	ETE	4 Homicide	determined		and (opocny)						City	or lown, State)			
L DIRE L DIRE 2 hours 1 item	MPLE		TIFYING PHYSI	CIAN: To the best of	my knowledge	, death occur	red at the i	lme, date	and place	, and due	to the cau	use(s) and mar	iner as stat	ted.	
THE HOSPITAL THE FUNERAL filed within 72 P	0 1	one) MED	ICAL-EXAMINE	R: On the basis of e	xamination and	/or Investigat	lon, in my (	pinion, d	death occu	red at the	time, data	and place, en	d due to th	te cause(s	) and menner as stated.
TO THE HOSPIT TO THE FUNERY DE filed within 7	BE C	296. SHENAY HUYAND TITLE	OF CENTIFIE	00		0			29c LIC	ENSE NUM	BER //	/	29d. DAT	E SIGNED	(Month, Day, Year)
5 5 3 W	0	CIVITY	nu	lome	1 W	77				100	241		Ma	rch	18, 1996
6		DR. TERRY E.			ORTAL			EDI	CAL I	BLDG.					
Del		31. DATE FILED (Month, Day,	Year)	32. HEGIŞTRA	IR'S SIGNATUR	Carolath					<u> </u>	MREPL.	anu)	MI) /	130/2
		MAR 1	9 1991	Jana		No.									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	IMPORIANT IN IGHT 28 IS MATACO, OF HOM 23 SHOWS ANY INJURY, OF CINET WANTED CYCHING SAMINER THUST DE ROUNCE AL ONCE.	MPURIANI II HEM 28 IS MATAGO, OF HEM 23 SHOWS ANY INJURY, OF CHIEF MAINTAIN CYCHI, INC MEDICAL EXAMINER MUST BE HOUSE AT ONCE.
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REGISTRAR  1. DECEDENT'S NAME (First, M	liddle, Lest)			UE	RTIFIC	CALE	UF	DEA	П	2. DATE	REG. NO	).		3. Ti	IME OF DEATH
JOHNNIE M.		NEIL								MONT	H 6	1006	PASY		5:50 A.
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE	In yrs. last	birthday)	IF UNDER 1	YEAR	IF UNDER	R 24 HRS.	MARCH 5, 1996 7. DATE OF BIPTH 6. BIPTI				HPLAC	E (State or Foreig
250-30-6607		1 📉 M 2 🗆 F	9	4	YRS.	AONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)  DEC. 26, 1901 SOUTH CAROLI					CAROLIN
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10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											10d.	INSIDE CITY			
MARYLAND MONTGOMERY COUNTY TAKOMA PARK  100. STREET AND NUMBER 101. ZIP CODE											1 [	LIMITS? YES 2 X NO			
100. STREET AND NUMBER  6725 EASTERN AVENUE  20912								UNIT			COUNTRY?				
10e. STREET AND NUMBER  6725 EASTERN  11. MARITAL STATUS  1 Never Married 2 Married		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 X N		If y	yea, spe		in, Maxica	n, Puarto	N? (Specify Ye Rican, etc.)	s or No-	14, RAC Blee Spe	ck, Whi	merican Indian, Ita, atc.
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21. SIGNATURE OF FUNETIAL.			<u> </u>	DEAL											S. CAR
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Solution of the cartine, date	24a. WAS AI PERFO 1 VES SCRIBE HOW	N AUTOPSY REMED? 2 X NO INJURY OC and Number sone as stained due to to	ENC. VOOD rest,  24  24  course v or Rural he couse	, M	Approximate interval Betwoonset and D I DAY  E AUTOPSY FINDIA LABLE PRIOR TO PLETION OF CAU MATHY  YES 2 NO

M.D., 8201 16TH STREET, SILVER SPRING, MARYLAND 20910

Amed # 8 Wash CO. &B 03-18-94

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					Cer	tificate of	Death		Re	eg. No.		0 1 1 0
Physici	an	1. Decedent's Neme (First, Middle, La	st)						2. Date of Death	h Day	Year	3. Time of Dea
/Medi		Juma		Ori	S				March	15	1996	0053
Examir		4a. Facility Name (If not institution, giv	a street and number,	)			4b. City, To	own, or Loc	cation of Death	4c. County	of Death	
Funeral Director		Washington Constitution State Security Number 6. S. 217 10 2582 Usual Residence of Decedent	Ounty Ho fex 7. A	spital ga (In yrs. lest bir 80		If Undar 1 Yaa Months Days	Hage r Tronder Hours	rst 24 Hrs. Min.	8. Data of Birth (Month, Day,	Year)		ton laca (Stete or Fo try)
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01.28	Sire.	10e. Street and Number				10f. Zip Code			10	Og. Citizen of	What Coun	try?
15 w	20	1240 Frederi	ck Stree	t		2474	0			USA	1	
i within 72 hours after death with the Maryland ilene. Then "natural", or items 23a or 28a-f show then the motified at the Medical Examiner must be notified at	Funeral Director	11. Maritel Status 1 ☐ Naver Married 2 ☐ Married	12. Was Decedant Armed Forces 1  Yes 2 If Yes, Give	?	11	Vas Decedent of Yas, specify Cul	Dan, Mexical	n, Puerto F	cify Yes or No- Rican, atc.)	Bia	ce - America ck, White,	etc.
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nould be filed within I Mentel Hygiene. Parked other than natic event, or Me	Be (	17. Father's Name (First, Middle, Last,	1				18. Mothe	er's Name	(First, Middle, M	feiden Sumar	ne)	
should band Mente	To	Thomas G. Bell					Lucy	Tat	e Your	ig Rel	1	
S C E E	-	19a. informant's Name/Relationship (	Type, Print)	19b	. Mallin	g Address (Stree						Code)
473		Sylvia Bell		51	59	Jeffer	son s	+ #	3 Hade	retor	n MD	21740
- I I I		20a. Method of Disposition		20b. Place of	Dispos	sition (Nema of		L. 7/		20c. Location		
o de la		1 Buriai 2 ☐ Cremation 3 ☐	Removal from State	cemete	ry, cram	etory or other pl						
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permit. Pag Department Important: It any Injury o		21. Signatula di unerai Servica Lieer	saa	2	22.	Name and Addr	ress of Facili	ity	Watso	ns Fu	nera	1 Home
6620		MAN ANY	- Moula		2	4 WBetl	hel S	t.Ha				
100		23a. Part1. Enter the diseasa, or com	plications that causa	d the death. Do								Approximate
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/Medical		Immediate Cause (Finel	ſ			1						1
xaminer		disaase or condition resulting in death)	a	neun	101	419						10 80
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를 로 글	-	27. Manner of Death	1 Inpati		itpatient Time of	3□ DOA 28c. Inje	4LIN		ne 5 Reside 18d. Describe ho		1.7	′)
B 5 8	Certification:	1 ☑Natural 5 ☐ Pending	(Month, De		njury	W	ork?		ou. Describe no	w injury occur	160	
death. ctor: A y the fu	cat	2 Accident investigation 3 Suicide 8 Could not be				M 1	Yes 2					
rect rect	=======================================	4 Homicide determined	200. Place of In	jury - At home, fa c. (Specity)	rm, stra	et, fectory, office	9	2	8f. Location (Sti City or Town	reet end Numi , State)	ber or Rura	Route Number,
within 24 hours after death	Ce											
hou iner ly fill	a	29a. Certifier 1 Certifying Ph	yaician: To the best	of my knowledge	, death	occurred at the t	lme, date an	nd place, a	nd due to the ca	use(s) and m	anner as st	ated.
n 24 ne Fi	edical	one) 2 Madical Exam	iner: On the basis o and manner st	t examinetion an eted.	d/or inve	estigation, in my	opinion, dea	ath occurre	ed at the tima, de	ete and placa,	and due to	the cause(s)
within 24 hours after death To the Funeral Director: completely filled in by the	Σ	29b. Signature and title of certifiar				29c. Lican	sa number		29	d. Dale signe	d (Month, i	Dey, Year)
->-0		Day =	KL Q			0	2145	2		3/16	191	
										100	16	
		30. Name and address of person who	completed cause of c	death (Item 23a)	Type, F	Print)	4. 1	1.1-	1. 1	11.		
		HSDUL WAT	+(ceed)	412-1	58	21-0	AKH	411	AVE 1	TAGE	Rils	swr. V
Sta	te	31. Date filed (Month, Dey, Yeer)		ar's Signature						, ,		
Registr	ar	MAR 1 8	1996	a diameter		44						
		A	0									

gr.

YEAR

9c. COUNTY OF DEATH

3. TIME OF GEATH

2:15p

10d. INSIDE CITY

1 X YES 2 NO

8. BIRTHPLACE (State or Foreign

Prince George's

10g. CITIZEN OF WHAT COUNTRY?

American

Monroe, VA

United States

t4. RACE — American Indian, Black, White, atc.

Specify African

20743

Approximate interval Between

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TYES 2 NO

**Onset and Death** 

6dq

REG. NO.

2. DATE OF OEATH

FOR STATE REGISTRAR

t. DECEDENT'S NAME (First, Middle, Last)

death	fune
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune
PH	this
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9	DIR

My 996 March 8, Thomas Henry Parks, Jr. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 228-26-1539 1 X M 2 | F 70 YRS Jan. 30, 1926 Lynchburg, VA use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR DOCTORS COMMUNITY HOSPITAL Lanham RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c CITY TOWN OR LOCATION Prince George's Maryland Capitol Heights FUNERAL 104 STREET AND NUMBER 10f. ZIP CODE 6810 Grieg Street 20743 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married tf yes, specify Cuban, Mexican, Puerto Rican, etc.) BY t YES 2 XNO Specify: 3 € Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe be detached for Elamentary/Secondary (0-12) College (1-4 or 5+) Handyman Self Employed once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Thomas Henry Parks, Sr. Eltie M. Burton BE al director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Orlando Parks - Brother 6810 Grieg Street, Capitol Heights, MD De o 20e. METHOD OF DISPOSITION
1 X Burlai 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND OATE OF DISPOSITION (Name of DATE must Chestnut Grove Baptist Ch. 3/13/96 4 Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington, D.C. medical I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. 6 MMEDIATE CAUSE (Fine) the disease or condition resulting in death) Dept. of Health and Mental Hygiene prior to burial, crema 1 23 shows any Injury, or other traumatic event, OUE TO (OR AS A CONSEQUENCE OF): monta PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I, 24s. WAS AN AUTOPSY PERFORMED? Dementia 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN 26. PLACE OF DEATH (Check only one, 25. WAS CASE REFERRED TO MEDICAL or item 2 HOSPITAL: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) the > 27. MANNER OF DEATH 28c. INJURY AT WORK?
1 YES 2 NO 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, with Natural 5 Pending investigation ВУ death . 2 Accident 3 Suicida 26a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) TO THE FUNERAL DIRECTOR: After de filed within 72 hours after de IMPORTANT: If item 28 is i 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the

29b. SIGNATURE AND TUTLE OF CERTIFIER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

D-45619 223 0 D CAUSE OF DEATH (ITEM 27) (Type, Pfint) 18118600d Lack Road, Lanham MD 20706 0. 31. DATE FILED (Month, Day, Year)

of examination and the significant in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER



indicated along the El 21 22

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) Dete of Deeth
 Month 3. Time of Deeth 1415 **Physician** Clara Pondexter 03 02 /Medical 4e. Fecility Neme (If not institution, gh@ street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Pax Chase Nursingant Rehabilitation Silverspiny, Md. Montgomery If Under 1 Year If Under 24 Hrs. 8, Dete of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthpieca (Stete or Foreign Country) **Funeral** 1 M 2 KF Yrs. 84 231-24-8933 July 12, 1911 Lexington, VA Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No Director Washington District of Columbia 10e. Street and Number 10g. Citizen of What Country? 20019 United States 307 19th Street, N. E. Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2X No Specify: à 3 X Widowed 4 ☐ Divorced African American Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Private 12 Retired Clerk 17. Fether's Neme (First Middle Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be John A. Johnson Ida B. Morrison 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Edward Pondexter #1 Milmarson Place, N. W., Washington, D.C. 20011 20b. Place of Disposition (Neme of cametery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XBuriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 3/9/96 Fort Lincoln Cemetery Brentwood, Maryland 21. Signature of Eunerei Servica Licenses 22. Name end Address of Fecility STEWART FUNERAL HOME, Inc. 23a Bert 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, inc., or heart feilure. List only one cause on each line. D. C. Approximete Intervei Between Onset and Death immediete Ceuse (Finel Sexis diseese or condition resulting in deeth) Due to (or as e consequence of): D.16192 monia Sequentielly iist conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last Due to (or es e consequence of): Physician/Medicai Due to (or es e consequence of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown multiple decibitis vicers, Anomia of Chronico seese ò 24b. Were autopsy findings available prior to Completed 24e. Was an autopsy performed? Dementia completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28a. Dete of injury (Month, Dey Year) 28c. injury et Work? 28b. Time of 28d. Describe how Injury occurred Certification: 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner steted. Medical 29e. Certifier 29c. License number 29b. Signeture end title of certifier 29d. Dete signed (Month, Day, Year)

The law requires that the death certificate be executed attending physician for use as the buriel P.O. Box 68760. is signed by the all Division of Vital Records, certificate hes birector, page 2 s Attending Physician: the funeral director, this After 1 s after death. In by t Hospital 24 hours To the Hosp within 24 hos To the Fune completely fi

Director

28a-f show

6 Нете 23в

the Medical Examiner must be notified at

the Maryland

deeth

Pages 1 and 2 should be filed within 72 hours after near of Health and Mental Hygiene.

If item 27 is n or other traun

Important: I any injury o

Physician /Medical

Examiner

altimore, Maryland 21215-0020

30. Name and eddress of person who completed cause of deeth (item 23e) (Type, Print)

S. Rogers (Month MAR 13 8630 Fonton St. Suite 900. Silver Spring, MD 20910 mo. 1996 Jahn Davelson Revolution 31. Dete filed /Month

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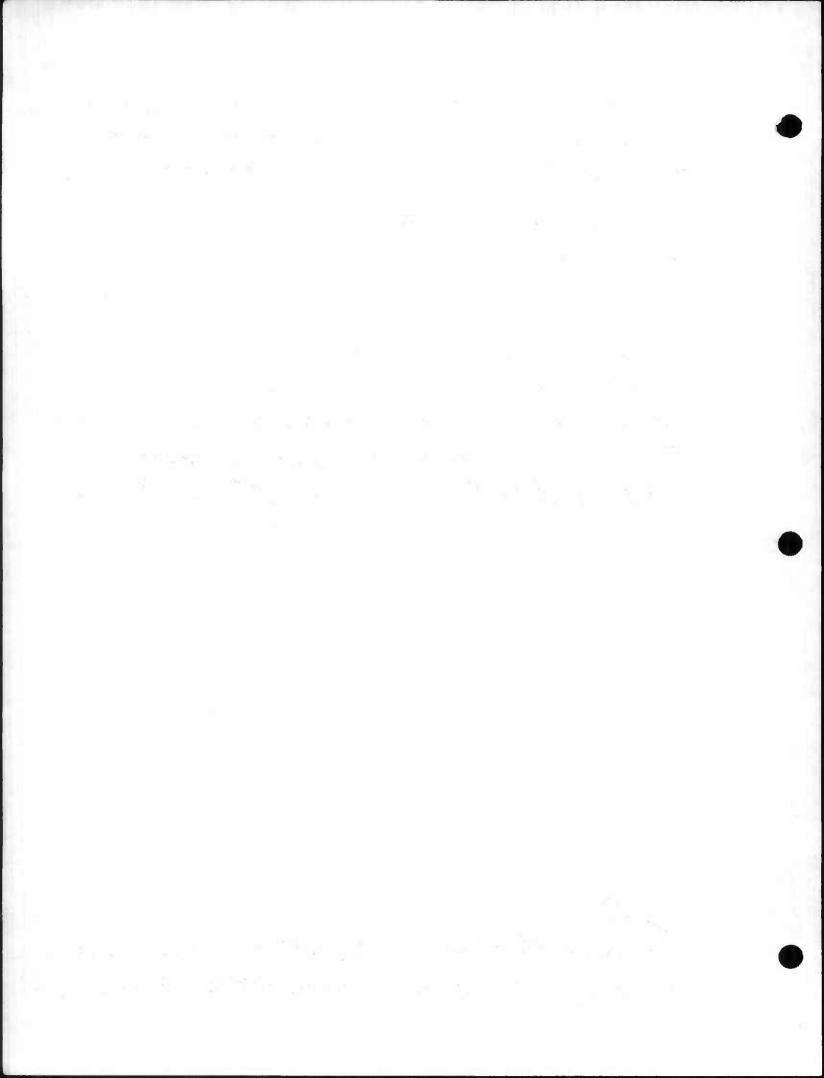
State Registrar 

## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 09168

				Cer	tificate of	Death		Reg. No	).	0310	30
			Decedent's Neme (First, Middle, Last)				2. Date of D			3. Time of	Death
	Physic /Medi		RALPH WOODFORD PARKE	ER			MARCH	17	, 199	6 2:15	AM.
	Examil		4a. Facility Name (ff not institution, give street and number)			4b. City, To	wn, or Location of Dec		. County of E		
			412 E. MAIN ST.			WEST	MINSTER		CAR	ROLL	
	Funeral		5. Social Security Number 6. Sex 7. Age (fn yrs. fast	t birthday)	If Under 1 Year Months Days	If Under a	24 Hrs. 8. Dete of E	irth	9.	Birthplace (State of	or Foreign
	Director		406-18-2234 <sup>1⊠M 2□F</sup> 82	Yrs.	MOMINS Days	riouis	Min. Month, J MAY 2	6,19	)13 K	ENTUCKY	
	pu .		Usuel Residence of Decedent  10a. State 10b. County 10c. City. 7	Town or Loc	ntion					104 1-14-0	In Albertan
	aho aho	5	-51 / SW							10d. Inside C	2 □ No
	28a-f	Director	MD . CARROLL WES	STMIN				10- 01	Maria		
	with w	ក់			10f. Zip Code	1157		_	tizen of Wha	it Country?	
	eath ms 23	Funeral	412 E. MAIN ST.  11. Marital Status  12. Was Decedent Ever in U.S.	13 W		1157	nin? (Specify Vee or N		JSA.	American Indian.	
	fter d	F	Armed Forces?  1 □ Never Married 2 ☑ Married 1 □ ◯ Yes 2 □ No				gin? (Specify Yes or N , Puerto Rican, etc.)			White, etc.	
21215-0020	filed within 72 hours after death with the Marylend hygiene. ther than "netural", or Nems 23a or 23a-f ahow int, the Medical Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced Year or Detes: WW II	[ 1	☐ Yes 2 No	Specify:			Specify:	WHITE	
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211	thin 7	pie	(Specify only highest grade completed)  Elementery/Secondery (0-12) College (1-4or 5+)	fife. D	ind of work done O NOT use retire	d)	or working				
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Maryland	2 sho						or or Rural Route Num				
	ss 1 and 2 should be filed within 72 hours after death with the Manylen of Heelth and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Exteriner must be notified at		MYRA L. PARKER WIFE		E. MAII	N ST.	, WESTMI	T			7
timore,	Peges net of H ant: If Ite iry or of		A Buriel 2 □ Cremetion 3 □ Removel from State cem	etery, crem	atory or other ple		Dete			y or Town, State	
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Ba	permit. Peges Depertment of Important: If It any Injury or or		21. Signature of Funeral Service Ligansee	22.	Name and Addre	sss of Facility	FLETCHE	R FU	JNERA	L HOME	
			I Lang frightings	25			T., WESTM		rer,	MD. 211	57
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	Physician /Medical		Immediate Ceuse (Finel	00	TOO		CALL	rI	PC	Onset and I	Jeath
	Examiner		disease or condition resulting in deeth)	1/6	(101	1 -	TITLL	-0		5	2
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68760	ertificate be axecuted ding physician and se as the burial-transit	Medical	Cause (Diseese or Injury thet initiated events	a consequ	enca of):						
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DIVISION	deati ctor: y the	lica	Ž Accident investigation 3 ☐ Sulcide 6 ☐ Could not be determined determined 28e. Place of Injury - At home	form street		169 201		(Street a)	nd Number c	or Rural Route Num	her
2	al or Attending Pt s after death. al Director: After the ed in by the funeral	Certification:	4 Homicide determined building, etc. (Specify)	, 101111, 31101	ot, rectory, office			wn, Stete		, ridizi riodio man	D01,
	spita hours neral y fille		29a. Certifier Certifying Physician: To the best of my knowled	dge, deeth	occurred et the tir	me, dete end	d place, and due to the	e ceuse(s	) and menne	er as stated.	
	To the Hospital or At within 24 hours after or To the Funeral Direct completely filled in by	edicai	(Check only one)  2 Medical Examiner: On the basis of examinetion and manner steted.	and/or Inve	stigetion, in my o	plnion, deet	h occurred et the time	, dete an	d pleca, and	due to the cause(s	)
	To the To the company	Σ	29b. Signature and title of certifier		29c. Licens		17		-	fonth, Day, Year)	
			( Namono		2	92	76	M.	roh	18,199	76
			30. Name and address of person who completed cause of deeth (Item 23	Ba) (Type, P	rint)	,	+.Med. (	) (	41		1
			N. Kaipara 2171	Was	ningibo	n Agi	+Med. (	Hr.	West	minster	mo
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	Registr	ar	MAR 1 9 1996 Jaki Davilson	Mardal	6						

DHMH 16 Rev 6/95



### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 09169 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death Dev **Physician** 1:30 194 Thomas Edward Pierce 1996 16, Mar /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 17916 Marshall Mill Road Hampstead Baltimore If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Year) 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys 1Q M 2□ F Months 218-01-2864 Yrs Director Jun 8, 1918 Maryland Usuel Residence of Decedent the Maryland permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or flems 23s or 28s-f show any injury or other traumatic event, the Medical Examinat must be notified at once. 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Directo Maryland Baltimore Hampstead 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 17916 Marshall Mill road 21074 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-it Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11 Marital Status 14. Rece - American Indien, Bleck. White, etc. 1 ∑ Yes 2 ☐ No If Yes, Give Year or Dates: WW II 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☑ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Baltimore City Elementery/Secondery (0-12) College (1-4or 5+) Estimator School Board 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Edward W. Pierce Alice Revnolds 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) M. Doris Pierce 17916 Marshall Mill Road, Hampstead, MD 21074 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20a, Method of Disposition 20c. Location - City or Town, Stete 1 ₺ Buriel 2 Cremetion 3 Removel from Stete Pleasant Grove Cemetery 4 Donetion 5 Other (Specify) 3/19 Upperco, MD 21. Signetura of Furferal Service Licensee 22. Neme end Address of Fecility Eline Funeral Home 934 S. Main St, Hampstead, MD 21074 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart teilure. List only one cause on each line. Approximate Intervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) CHRONIC OBSTRUCTIVE LUNG DISEASE Examiner Due to (or es a consequence ot) Physician/Medical Examiner TEROID DEPENDESE attending physician and for use as the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last Due to (or es e consequence of): CENEBRAZ VASCULAR Due to (or es e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown MEUITOS UTABETES PV 24b. Were autopsy tindings 24a. Was an autopsy performed? Completed HEART FAILURE available prior to completion of cause of deeth? CANCESTIVE has 21 No certificata 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical axaminer? Be 26. Piece of Deeth (Check only one) Hospitel: 1 Tes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 27. Menner of Death 28d. Describe how Injury occurred Certification: 28b. Time of Aftart 5 Pending investigation 1 Neturel 1 Yes 2 No death Director: A d in by the f 2 Accident 6 ☐ Could not be 3 ☐ Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28t. Location (Street end Number or Rural Route Number, City or Town, State) 4 ☐ Homicide aftar within 24 hours aft To the Funeral DI completely filled in 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner stated. edical 29a. Certifier (Check only one) 29b. Signeture end title of certitier 29d. Date signed (Month, Dey, Year) 29c. License number D40223 Jack mo

721 HANOVER PK HAMPSTEAD MO 21074

State Registrar

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

(XOGOEKE

32. Registrer's Signeture

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MAR19

REBECCA

31. Dete tiled (Month, Dey, Year)

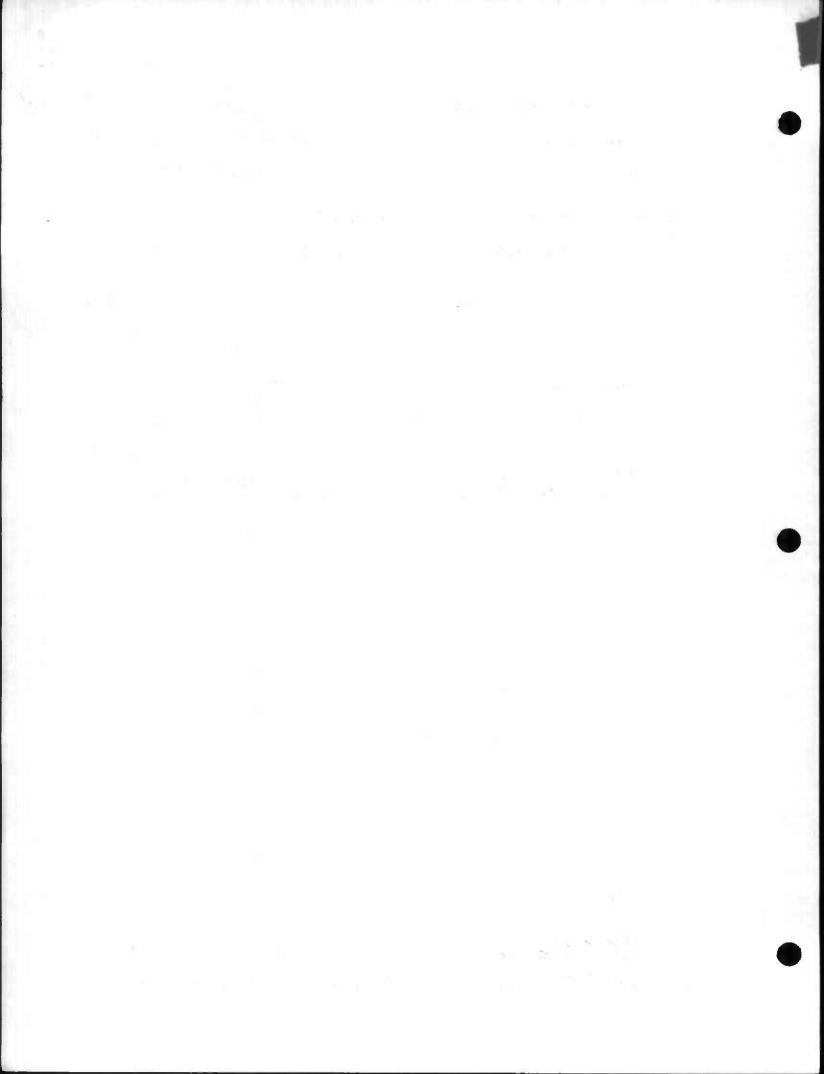
DHMH 16 Ray 6/95

3altimore, Maryland 21215-0020

The law requires that the death certificate be executed

Hospital or Attending Physician:

Division of Vital Records, P.O. Box 68760.



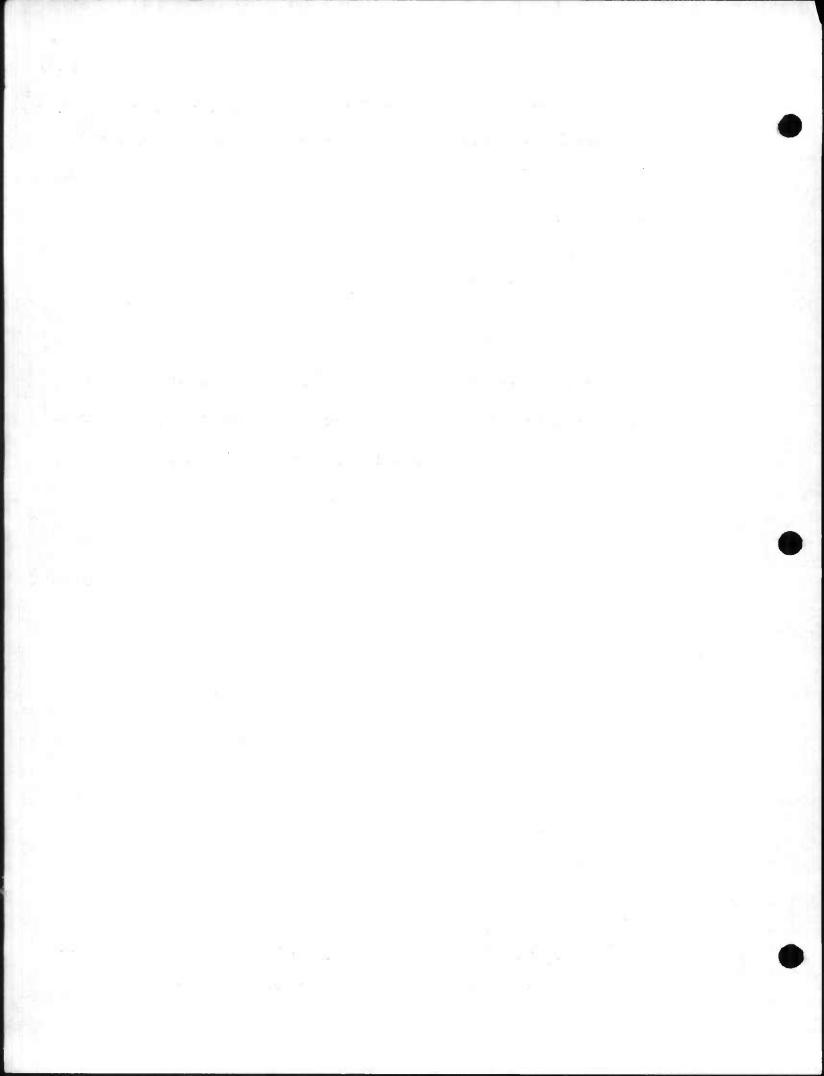
### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Deeth **Physician** Month WILHELMINA ROSE PHELAN 1996 March 12 0105 am /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Calvert Memorial Hospital Prince Frederick Calvert if Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Nov 3, 1915 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) **Funeral** 1□M 2X F Yrs. 80 579 09 8400 Director Wash., D.C. Usuel Residence of Decedent the Marylend 10a. State 10h. County 10c. City, Town or Location 10d. Inside City Limits Exacitive must be notified at 1 ☐ Yes 2 1 No Chesapeake Beach Maryland Calvert Director 10e. Street and Number 10f. Zlp Code 10o. Citizen of What Country? 6 Items 23a 20732 3103 Highview Road USA death Funerai 12. Was Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) a filed within 72 hours after de il Hygiene.
other than "natural", or Item 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: þ Specify: white 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/industry Elementary/Secondary (0-12) College (1-4or 5+) Fed. Govt. clerk 12 7 is marked other traumatic event, it Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Pages 1 and 2 should be nent of Meelth and Mentel Nicholas William Horstkamp Dorothy Elizabeth Wieland 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Heelth a Thomas E. Horstkamp/broth. 1505 Amherst Rd., Hyattsville, MD 20783 Item 2. 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from Stete 들청 4 ☐ Donation 5 ☐ Other (Specify) So. Memorial Gardens 3/15/96 Dunkirk, MD 21. Signeture of Funeral Service Ligensee 22. Name and Address of Facility Willeam Rausch Funeral Home, P.A., Owings, MD 20736 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one gause on each line. Approximate Interval Between Onset end Death **Physician** /Medical tmmediate Cause (Final · SEPSIS disease or condition resulting in death) Examiner Due to (or es a consequenca of): & DIASFTE MELLINI b. COMPLICATIONS The law requires that the deeth certificate be executed the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): .O. Box 68760, Physician/Medicai Due to (or es a consequence of): USB 88 8 signed by the et d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 0 COROLARY ARTER TRISEME Records, 24b. Were autopsy findings aveileble prior to completion of ceuse of death? 24a. Was an autopsy performed? Completed CONCESTIVE HORAT FAILURE page 2 s certificate RECENT OSTERNYEZITIS 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: 25. Was case referred to medical examiner? Be 28. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 Ho ျှ this funeral 28a. Date of tnjury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After 1 Naturei 5 Pending il or Attending safter death. I Director: Aft 1 ☐ Yes 2 ☐ No investigation 2 Accident in by the 3 Suicide 6 Could not be Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Filled Hospital 24 hours 29e. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and pieca, and due to the cause(s) and manner as stated. To the Hosp within 24 hos To the Fune completely fi Medicai (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signature and title of Regifier 29c. License number 29d. Date signed (Month, Day, Year) D26358 MARCH 12, 1996 10 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) WEIVER, MY PRINCE FREDERICK, MJ - 20678 31. Date filed (Month, Day, Year) 32. Degistrar's Signature State Lander Randall

**DHMH 16 Rev 6/95** 

Registrar

MAR



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing a flow of a flow of the standing physician.

TO THE FUNEFAL LORGIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be flew within 72 hours after detail with the 57ste bogs. of Health and Member all hygines plot to burial transmitter for enterior. The control of the standard for the standard person of remotals are marked as a flew and the fact that the standard careet the market as a marked.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

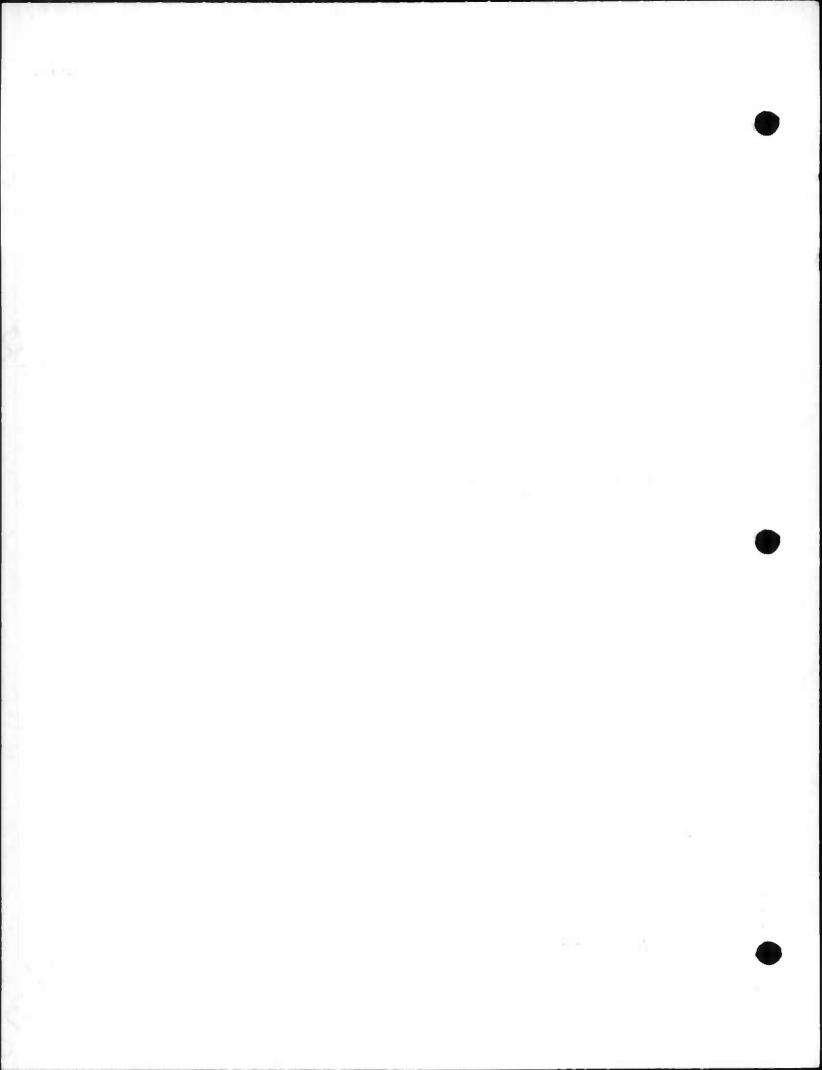
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j j	Clarence Russell Paugh  2. Date of Death Month March 18, 1996  3. Time of Death 11:30 a m														
										parch	18,	1996		11:30 ам	
	4. SOCIAL SECURITY NUMBER 214-32-3332		5. SEX 1 [X] M 2 [] F	6. AGE	(In yrs. last i		IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE 0 (Month,	F BIRTH Day, Year)	905	Count	HPLACE (State or Foreign ny) anton, MD	
	9e. FACILITY NAME (If not in		treet and number)				9b. CITY, TOWN	00.1001	1011 05 5		50,1				
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12	Garrett Con		emorial	iosp.	itai		Oakland						Garrett		
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M M	685 O'Brien	D 1					1	of. ZIP COE					EN OF	WHAT COUNTRY?	
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<u> </u>	(Specify onli Elementary/Secondary (t	y highest grade	completed) College (1-4 or 5	.)	(Give	kind of wo	rk done during n retired.)	nost of work	ing	2000					
7	7	,	College (1-4 of 5	*)	Farm	er/ (	Contrac	tor		Fa	rm / 9	School	1 p.	10	
COM	17. FATHER'S NAME (First, M	liddle, Last)			12 02 111	C1/ (	Jonerac		HED'S NA		ddle, Maiden		T DC	15	
	Stewart		rnold	τ	Paugh					INC (FISI, MI				** 11	
	194. INFORMANT'S NAME (		LIIOLU						ella		Flore			Howell	
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B	20s. METHOD OF DISPOSIT			1			Brien				on, MI				
E E	1 N Buriel 2 Crematic	n 3 🗆 Rem	oval from State	cen	netery, cremi	ntory or othe	disposition (for place) Mem.	Vame of		OATE		CATION — C			
	21. SIGNATURE OF FUNERA		PHIST	_   Gè	arret	t Co.	Mem.							)	
examina	0 0	$\Omega$	0 1							ral Home					
	Sich	Nen M:	ADDUR DE				32 5	. Se	cond	Stree	Street Oakland, MD 21550				
	23. PART I. Enter the d	seases, or c	complications the	t caused	d the deat	th. Do no	t antar tha m	oda of dy	ing, auc	h aa cardi	c or reapl	ratory arre	eat,	Approximata	
200	IMMEDIATE CAUSE (Fir		List only one cau	ise on e	ech line.							Δ		Interval Between Onset and Death	
	disease or condition resulting in death)	<b>→</b>	ne	219	77	do	201	11.1	1	lin	_	4	1	Sudden	
	resulting in death)		DUE TO	IDER AS A	A CONSEQU	ENCE OF):	aci	ryc	010	um	1	MA	acc	Buddell	
2 2			01	201	10	30	pint	Te	P	V	0			years-	
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3 3	CAUSE (Disease or inju		с												
	that initiated events resulting in death) LAS		DUE TO	(OR AS A	CONSEOU	ENCE OF):									
EB	reauting in death) LAS	' L.	d												
	PART II. Other algoritica	nt condition	a contributing to	daeth b	out not rea	ultina in	the underlyle	og cause	given in	Dort I	4a. WAS AN	ALITOREY	1 000	WERE AUTOPSY FINDINGS	
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S S	EXAMINER?	MEDICAL	HOSPITAL:		26. PLACE		(Check only one	)							
ΥS	1 TYES 2 NO		1.X Inpatient 2		patient 3		☐ Nursing Ho	me 5 PR	esidence	6 🗆 Other	Specify)				
E E	27. MANNER OF DEATH	Dandina	26e. DATE OF (Month, D			26b. TIME (		JURY AT		28d. DESC	RIBE HOW IN	JURY OCCI	JRED		
B		Pending Investigation					M 1 🗆	YES 2	□ NO						
0		Could not be	26e. PLACE O building,	F INJURY etc. (Spec	- At home	, ferm, stre	et, fectory, offi	ce		26f. LOCAT	ION (Street a Town, State)	nd Number o	or Aurel F	loute Number,	
ETE	4 Homicide	determined								Ony or	iown, otale)				
2	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my know	riedge, death	occurred	at the time, dat	e end place	end due	to the cause	e(e) and man	ner ee state	d		
COMPL														) end manner ee stated.	
- 1	290. BIGNATURE AND TITLE	_		1				-	ENSE NUM						
8 8	1/1/21	Lun	15/11	11-		1	- 1				- 1	-		(Month, Day, Year)	
일	36. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CARS	SE OF DE	ATH OTEM	271-MOKG IS	rint)	I DC	7258			- 3	/19	/96	
	Dr. Andrew	E. Man	ce, M.D.				d Stre	et C	akla	ind. M	D 215	50			
1 1	A1	Magel	32. BEGISTRA												
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	ATH	MEAR	3. TIME OF DEATH			
•		Arbutus Ma	e Pe	ters						March		996 YEAR	12:06 P M			
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. les	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIF (Month, Day,	TN	S. BIR	INPLACE (State or Foreign			
2		219-74-4835	1 🗆 M 2 🙀 F	59	YAS.	MONTHS	DAYS	HOURS	MIN.	March 2	26 19	36 Wes	t Virginia			
shou	-	9e. FACILITY NAME (If not institution, give				9b. CITY,	TOWN	OR LOCATIO	ON OF DE	ATN	9	c. COUNTY OF	DEATN			
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should notified at once.	DIRECTOR	Sacred Heart Hos	pital			Cumb	er1	and				Allega	ny			
Seg	H.	10e. STATE 10b. COUNT	Υ		10c. CITY	, TOWN O	R LOCA	TION					10d. INSIDE CITY			
¥	1	Maryland Alle	gany		Cumb	erla	nd					LIMITS?				
Ped 1	RAL	10s. STREET AND NUMBER					10	H. ZIP CODE			1	10g. CITIZEN OF WHAT COUNTRY?				
ian. transi	FUNER	759 Maryland Aver				_	_	21502				J.S.A.				
D20 physic burlat		1 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 YOUR STREET YES, GIVE WAR OF	ES 2 T	NQ	1 1	yes, at	pecify Cuber	ı, Maxica	ilC ORIGIN? (Spe n, Puerto Rican,	cify Yes or mc.)	Bia	CE — American Indian, ck, Whita, atc.			
LAND 21215-0020 the hospital or attending physician, detached for use as the burial-tran	ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	H DAIES	ATES 1 ☐ YES 2 🖔 NO S					γ:		Spi	white			
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ital or d for	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	. Do NOT us	retired.)				ď.						
ANE the hosp detached	N N	17. FATNER'S NAME (First, Middle, Last)		uı	nempl	oyab	Le					oyable				
YLA by the		Floyd L. Peters						18. MOTNER'S NAME (First, Middle, Meiden Surname)  Dorothy Mae Proudfoot								
MARYLAND retained by the hospit 5 should be detached notified at once.	BE	19a. INFORMANT'S NAME (Type/Print)		196	b. MAILING	ADDRESS	(Street			Nae Pi						
be reta ge 5 st	임	James K. Peters											5			
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be 1		20a. METNOD OF DISPOSITION 1 Date   20b. PLACE AND DATE OF DISPOSITION   Name of   DATE   20c. LOCATION — City of Campleon, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, completely, co														
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0 = 0		Nale Z.	Heines			40	4 D	ecatu	r St	Funeral	mbar	land M	21502			
n by rem		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.    MMEDIATE CAUSE (Final)   Approximate interval Betwood														
		IMMEDIATE CAUSE (Final											Onset and Death			
760 ompletely fill d, cremation, event, the		disease or condition resulting in death)  e. Congestive Heart Failure  Due TO (OR AS A CONSEQUENCE OF):														
P 8 6 7 6	_															
. 8 0 5	2	Sequentially list conditions, If any, leading to immediate    Due TO (or As A CONSEQUENCE OF):											20 Years			
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O a a z		PART II. Other algnificant condition	na contributing to deet	h but not r	eaulting is	the un	lerlyin	g cause g	lven in	Part I. 24e. V	MAS AN AUT		b. WERE AUTOPSY FINDINGS			
Signed by Health any Health any	MEDICAL										YES 2 🙀		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
RECC equires en signe of Healti	ME										A		1 YES 2 NQ			
L Filaw rate by the sept.	Ä	DID TOBACCO USE CONT	RIBUTE TO CAUSE						RTAIN	1 🗆						
OF VITAL F HYSICIAN: The law n his certificate has be with the State Dept. or ked, or item 23 s	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? Released	HOSPITAL: 1 ☐ Inpatient 2 ☑ ER/O			OTHER			and the second							
SICIA SICIA Certifi th the	¥	27. MANNER OF DEATH	28e. OATE OF INJUR	₹Y	28b. TIME	OF	28c. JNJ	JURY AT	idence	8 Other (Special Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont	-	IRY OCCURED				
	ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	17)	JUNI	M		YES 2	NQ							
DIVISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his hours after death with the State D Item 28 is marked, or Item:		3 Suicide 8 Could not ba 4 Nomicide determined	reet, facto	ry, offic			281. LOCATION ( City or Town		Number or Rural	Route Number,						
	COMPLETED	29a. CERTIFIER 1X CERTIFYING PNYS	CIAN: To the best of my kn	owledge de	ath convers	d ed the tile										
14 24 14	MP												(a) and manner as elsted			
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER															
TO THE TO THE De filed	BE								D 33280 March 2, 1996							
3	2	30. NAME AND ADDRESS OF PERSON WN	Q COMPLETED CAUSE OF	DEATN (ITEN	4 27) (Type,	Print)										
MIR I		Dr. Sunil K. Gu	ota 625 Ker	nt Ave	enue	Cumb	erla	and M	aryl	and 21	502					
		31. DATE FILEO (Month, Day, Year)	REGISTRAR'S SH	GNATURE	رفيو				-							
		MAR 0 5 1996	Area was													



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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** 18 39 HAZEL **BEARD PRYOR** 1996 march /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner WASHINGTON WASHINGTON COUNTY HOSPITAL HAGERSTOWN If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) MAY 19, 1915 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** Days 1□ M 2⊠ F MARYLAND 219-05-2858 Yrs. Director 80 Usual Rasidence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at 1 ☐ Yas 2 ☑ No Director MARYLAND WASHINGTON **BOONSBORO** 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pagas 1 and 2 should be filed within 72 hours after death v Department of Haalth and Mental Hygiena.
Important: If item 27 is marked other than "naturel". or 44-000. 19136 LAPPANS ROAD 21713 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 No Specify: WHITE p Specify: 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) PRESSER LEATHER COMPANY 17. Father'a Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be FRANKLIN LEWIS BEARD GERTRUDE FORREST 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOHNNIE R. PRYOR 19120 LAPPANS ROAD, BOONSBORO, MARYLAND 21713 20b. Placa of Disposition (Neme of cemetary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 2 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donalion 5 ☐ Other (Specify) SMITHSBURG CEMETERY 3/21/96 SMITHSBURG, MARYLAND 21. Signature & Funeral Service Opensee 22. Nama and Addrass of Facility 7606 Old National Pike BAST FUNERAL HOME Paul M. Dean Boonsboro, Maryland 21713 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Interval Between **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
Due to (or as a consequenca of): Examiner Examiner HYPERTENTION attanding physician and for usa as the burial-transit The law raquires that the death cartificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in deeth) Last Box 68760. Physician/Medical Due to (or as a consequenca of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t Division of Vital Records, à 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 2/1 No 1 Yas 2 1 No Hospital or Attending Physician: Be 25. Was case referred to medical examiner? 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Certification: To 28c. Injury at Work? 27. Manner of Deeth 26d. Describe how Injury occurred 28e. Dete of Injury (Month, Day Year) 28b. Time of Aftar 1 Natural To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fur 5 Pending 1 Yes 2 No 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) NIA Investigation 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the bests of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of cartifier 29c. License number 29d. Data signed (Month, Day, Year) .19.96 D28365 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 368 MILL STREET HAGERS MD TOWN 21740 31. Data filed (Month, Day, Year) 32. Registrar'a Signature State Registrar

**DHMH 16 Rev 6/95** 

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State of Maryland / Department of Health and Mental Hygiene Q 5

						Cen	tificate of	Death	R	leg. No.	U	21/4
			1. Decedent's Neme (First, Middle, La	est)					2. Dete of Dee	th	Maria.	3. Time of Death
	Physici /Medi		Paul Josep	h PETERSON	SR.				Month	Dey 14 199	Yeer 6	5:00 am
	Examir		4e. Facility Nama (If not institution, gi					4b. City, Town, o	Location of Death	4c. County	of Death	
			735 Interval Ro	ad				Hagers	town	Wash	ingt	on
1	Funeral				je (In yrs. last l	birthday)	If Under 1 Year Months Devs	If Under 24 Hr	s. 8. Date of Birth			eca (Stata or Foreign try)
н	Director		216-22-9896	1 <b>\</b> \(\infty M\) 2□ F	62	Yrs.	Months Doys	110010	June 22	1933		land
	pu .		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, To	wn or Loc	ation				1.	ad Incide Oh I limbs
	sho	5	Tou. Goulty		Too. Oity, To	WII OI LOC	ation				"	0d. Inside City Limits
	r 28a-f show	9Ct	Maryland Washin	gton	На	agers						
	Æ 0 X	Funeral Director	10e. Street and Number	11			10f. Zip Code		1	Og. Citizan of V		try?
	seth w	ra a	735 Interval Roa			100 100	217			U.S.A		
	Nems Nems	Š	11. Marital Status	12. Was Decedent Armed Forces?		13. W	Yas, specify Cub	Hispanic Origin? ( an, Mexican, Pue	Specify Yes or No- rto Rican, atc.)	14. Hac	e - Americ ck, Whita,	
20	B 0 E	by F	1 ☐ Never Merried 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☒ If Yes, Giva Yaar or Detes:	NO	1	☐ Yes 2ऄॣ No	Specify:		Specify		
5-0020	72 hours "netural",		15. Decedent's E		16	Se Decede	ent's Usual Occur	nation		16b. Kind of Bu	Whi	
15		Completed	(Specify only highast gr	eda completed)		(Give k	ind of work done O NOT use retire	during most of w	orking	100. Killa di Bi	JSHIESSAHIU	ustry
2121	within iene. then r	E	Elementery/Secondary (0-12)	College (1-4or !	5+)		Painter			Paintir	or Co	ntractor
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a	ental ked ked	To B	Ernest Harold	Peterson.	Sr.			Lena R	vder			
Maryland	shound M	-	19a. Informant's Neme/Raletionship			9b. Mailing	Addrass (Street		Rural Route Number	r, City or Town,	State, Zip	Code)
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ē,	f Height of the other		20e. Mathod of Disposition		20b. Plece	of Dispos	ition (Neme of etory or other ple	001	Dete	20c. Location -	City or To	wn, Stata
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	JO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funera he filled within 72 hours after death with the State Dent, or Health and Mental Hyplene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
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96 09175 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR CHARLES PRICE MARCH 13, 1996 0300 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 2/6/17 5. SEX 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 217-03-2418 1 X M 2 - F 79 Bloomington, MD 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sacred Heart Hospital DIRECTOR Cumberland, MD Allegany RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10b COUNTY 10d. INSIDE CITY MD Allegany Westernport 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 204 McKinley Street 21562 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WW II, Army 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—if yee, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married spectly: White 1 TYES 2 X NO Specify BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use relired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Supervisor Paper Manufacturing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John H. Price Daisey Elliot Price BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Bessie Ross Price 204 McKinley Street, Westernport, MD 21562 20a. METNOD OF DISPOSITION
1 Burlal 2 Cremetion 3 X F 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 □ Burial 2 □ Cremetion 3 💢 Removal from State 4 □ Donation 5 💢 Other (Specify) Pemoval WVU-HGR. Omega 3/14 Morgantown, WV 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Michael WVU - HGR urlo POB 9131, Morgantown, WV 26506-9131 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such shock, or heert fellure. List only one cause on each line. Approximate Interval Between Onset and Death dispathic whistital pulmonay timesis IMMEDIATE CAUSE (Final disease or condition\_ 10 Months resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):

If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO 1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: **EXAMINER?** OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) NO 1 TYES 2 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED Natural Accident 5 Pending Investigation 1 YES 2 NO 28a, PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Nomicide

29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one)

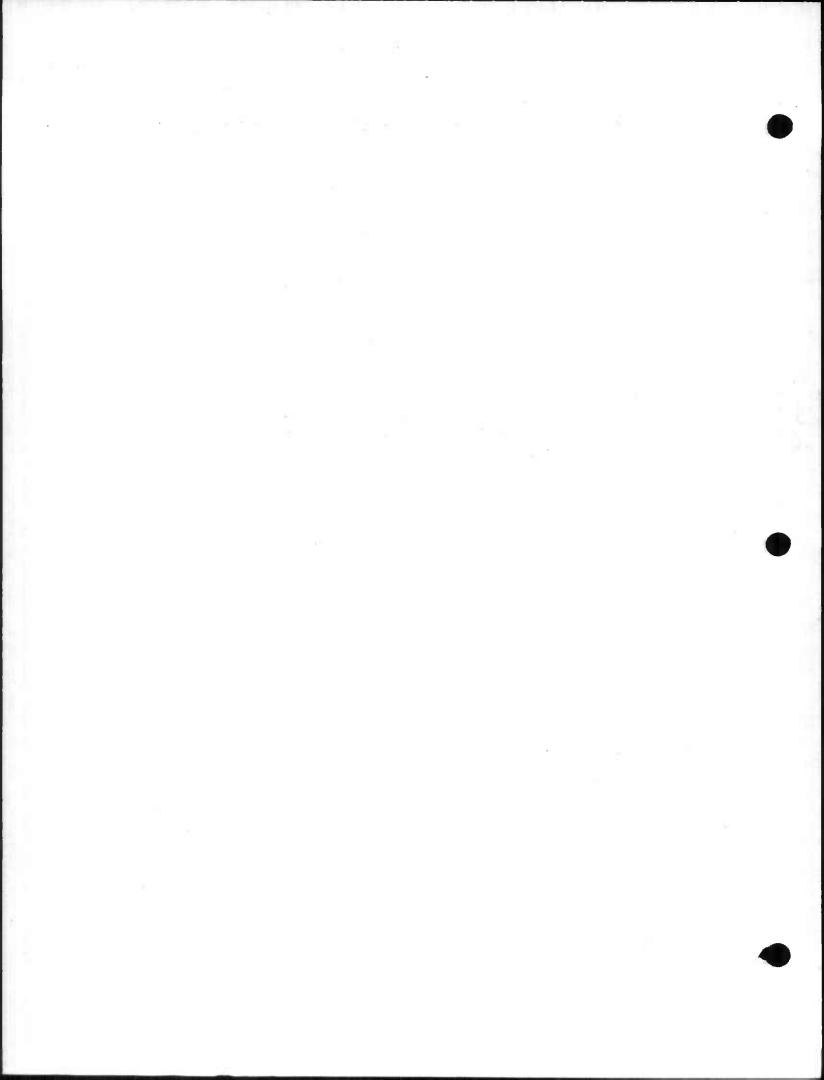
EXAMINER: On the basis of axemination and/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year)

Chard	9 Octhwether	290.ECENSE	1333	
O. NAME AND ADDRESS OF PERSON WHO COMPLET	TED CAUSE OF DEATH (ITEM 27) (Type Pale)	0	$\Lambda$	_

Cembeland and 21502

31. DATE FILED (Month, Day, Year)
MAR 2 0 1996

MARCH / 1996



Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 19.a P.G.C. 3-18-96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day 1996 **Physician** March 13, 8:55A Frederick Stewart Rowe, Sr. /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street end number) 4c. County of Death **Examiner** Lanham Doctors Community Hospital Prince Georges 7. Age (In yrs. lest birthdey)

November 23, 1919

H Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Day, Year)

November 23, 1919

B Birthplace (State or Foreign Month)

Country

Washington, DC 5. Social Security Number 9. Birthplace (State or Foreign **Funeral** 1□XM 2□ F 579-07-5332 Director Usuai Residence of Decedent with the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits rai', or items 23a or 28a-f shor Exeminer must be notified at Maryland Prince Georges Lanham 1 XYes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10501 Lanham Severn Road 20706 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours efter death \ Department of Heelih and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23, any Injury or other traumatic event, the Neode Funeral 11. Merital Stetus 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 Nes 2 No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: 5/1/44-1/17/46 Specify þ 3 ☐ Widowed 4 ☐ Divorced Caucasian Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Roofing & Sheet Metal Ouality Sheet Metal 11 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) Be Bernard L. Rowe Bessie M. Hudson 9b. Mailing Address (Street end Number of Rural Route Number, City of Town, Stete, Zip Code) 10501 Lanham Sevenn Road, Lanham, MD 20706 19a. Informant's Neme/Reletionship (Type, Print) Thelma Q. Rowe 20b. Placa of Disposition (Neme of cametery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burlai 2 ☐ Cremation 3 ☐ Removal from State Fort Lincoln Cemetery March 16, 1996 Brentwood, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Neme end Address of Fecility Rendon/Hale Funeral Home 9013 Armapolis Road, Lanham, MD 20
23a. Part1 Effect the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock at heart failure. List only one cause on each line. 9013 Annapolis Road, Lanham, MD 20706 Approximate Intervai Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting In death) /Medical Pneumonia with Pleural Effusion One week Examiner Due to (or as a consequence of): Examiner Squamous Cell Carcinoma of Lung and Oropharynx Years sician and buriel-transit that the death certificete be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es a consequence of): Box 68760. physician the burie Physician/Medical Due to (or as e consequence of): as esn Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? Leannec's Cirrhosis 1 No 3 Probably 4 Unknown Records. þ The law requires Cerebrovascular Disease with Hemiparesis 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24a. Was an autopsy 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physicien: Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 28e. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1XXNatural efter death. 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) in by 4 Homicide pelli 24 hours e edicai 29a. Certifier 1 🔀 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and piaca, and dua to the cause(s) and manner as stated. (Check only one) 2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the ceuse(s) end manner stated. offhin 2 å 29c. License number 29d. Date signed Month, Dey, Yeer) D05401 30. Neme end address of person who completed cause of death (frem 23a) (Type, Print)

Registrar

31. Dete filed (Month, Dey, Year) MAR 1 5 1996

Dr. James Harding 7525 Greenway Ctr., Drive Suite 316 Greenbelt, MD 32 Registrar's Signature

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTII	FICATE (	OF DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)		D			2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH			
		BARRY	KEI	NBI	LRG	mak. 13	3. 1990	7			
	579-42-9255	₩ 2 □ F	E (In yrs. last birthday	MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 17,1	933 WA	THPLACE (State or Foreign intry) SHINGTON, DC			
NO No	9a. FACILITY NAME (# not institution, give stree WASHINGTON ADVE	PITAL		WN OR LOCATION OF DI MA PARK	EATN	MONTGO					
E	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c, C	ITY, TOWN OR L	OCATION			10d. INSIDE CITY			
L DIRECTOR	MARYLAND PRINCE	E GEORGE'S		UPPER	MARLBORO		LIMITS?  1 YES 2 NO  10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	4802 WOODFORD I				20772		USA				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVE FORCES? 1 (X YE IF YES, GIVE WAR OF 1953-19	DATES	If ye	BECENDENT OF HISPA s, specify Cuben, Mexico YES 2 X NO Specif		84	American Indian, ack, White, etc.			
	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION	16a. DECEDENT	S USUAL OCCU	PATION og most of working	16b, KIND OF BU	SINESS/INDUSTRY	,			
COMPLETED		College (1-4 or 5 +)	life. Do NOT	use retired.) DRIVER			AVIS				
	t7. FATNER'S NAME (First, Middle, List) EARL J. REINBUI	RG				AME (First, Middle, Maiden RET MCGANN)					
BE	tee. INFORMANT'S NAME (Type/Print)		19b. MAILII	IG ADDRESS (S	reet end Number or Rural	Route Number, City or Tox	vn, State, Zip Code)				
임	CLARA D. REINBURG,	/ WIFE				JPPER MARLI		20772			
	20s METNOD OF DISPOSITION 1		COB. PLACE AND DATE COMMETTERS, CREMETORY OF WASHING			3-18-96 S	SUITLAND				
	21. SIGNATURE OF FUNERAL SERVICE LICES		avton	22. NAI	ME AND ADDRESS OF FA IARSHALL'S 18 SUITLANI	FUNERAL HOD RD. SUIT	OME LAND, MI	20746			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate										
	shock, or heart failure. Lie IMMEDIATE CAUSE (Fine) disease or condition	nece necession		a A	UN HEA	RT FAI.	LURE	Onset and Death			
	resulting in death) a.	DUE TO (OR A	S A CONSEQUENCE	OF):	217	_		60 11113			
ON	Sequentially list conditions, b.	Sequentially list conditions,  Due to (or as a consequence of):  LOW CARDIAC OUT 701  Due to (or as a consequence of):									
CAT	If any, leading to immediate cause. Enter UNDERLYING	SCUER	E CO16	CONAI	RY ARTO	ELY Dis	EASE				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  A CRIST UNDERLYING CAUSE (DISEASE)  DUE TO (OR AS A CONSEQUENCE OF):  A CRIST UALVE DISEASE										
	PART II. Other algnificant conditions	`					N AUTOPSY 2	24b. WERE AUTOPSY FINDINGS			
EDICAL	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  RENAL PAILURE.  24b. WERE AMAL COMM 1   YES 2   IVNO   OF D OF D										
MEC	VEGETATI			ALVES	4 INFEC	THUS	·	1 - YES 2 10 40			
ÿ	DID TOBACCO USE CONTRI	BUTE TO CAUSE		YES NO		NE					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DI	OTHER:			·				
HYS	1 YES 2 AO	28e. DATE OF INJUI	RY 28b. 1	IME OF 26	Home 5 Reeldence		y) HOW INJURY OCCURED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yei	lr)	NJURY M	WORK?						
	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	(Check only					e to the ceuse(e) end me e time, date and place, a		se(e) end menner ea stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	UU M	Δ.	>	29c. LICENSE NU	IMBER 555/	≥ 13	MARCH 96			
T0	SAMIR NEIMA	COMPLETED CAUSE OF	DEATH (ITEM 37) (7)	rpe, Print) RC2L/	AV. TAK	OMA PAI	RK, M.	b, 209/z			
	31. DATE FILED (Month, Day, Year) MAR 1 5 1996	37 BEGISTRAR'S S	IGNATURE SALE								

who I'm the shows have

### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** EDGIL MARIE RICHEY 6, 1996 March 7:05 am /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Crofton Convalescent Center Crofton Anne Arundel If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) **Funeral** Deys Hours Months 1 ☐ M 2 🖺 F Yrs 88 Director 220-44-1598 April 10, 1907 Pennsylvania Usuai Residence of Decedent the Maryland 10e Stete 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examiner must be notified at 10d. Inside Cltv Limits 1 Yes 2 No Director MD Anne Arundel Crofton 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2131 Davidsonville Road 21114 U.S.A. death Funeral 11. Meritel Stelus 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, permit. Pages 1 and 2 should be filed within 72 hours after 1 Department of Health and Mental Hyglena. Important: If item 27 is marked other than "natural", or iter any injury or other traumatic event, the Medical Examines 2016. Bleck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 🔯 No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: py If Yes, Give Yeer or Detes: White 3 X Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 6 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be Jacob E. Weaver Elizabeth M. Miller 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meliing Address (Straet end Number or Rural Route Number, City or Town, Stete, Zip Code) Jo Ann Ableiter / Daughter 224 Royal Way - Route 3, Montross, Virginia 22520 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 ☑ Burlal 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Cemetery 03/09/96 Brentwood, Maryland 21. Signeture of Funeral Service Ligensee 22. Name end Address of Fecility Francis Gasch's Sons Funeral Home, P.A. ance las 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical = 2 years CONGESTIVE HEART FAILURE Examiner Due to (or es a consequence of): Examiner CORONORY ARTERY DISENSE physician and the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of): Box 68760. law requires that the death certificate be Physician/Medical Due to (or es e consequence of). 88 188 P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 94 23b. Did tobacco use contribute to the cause of death? 6 1 Yes 2 No 3 Probably 4 Unknown HYPOALBUNUN EMIA Division of Vital Records, ò 24b. Were eutopsy findings aveileble prior to completion of cause of death? 24e. Wes en autopsy performed? Completed Deen has page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificata 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 16 2 this After thi 27. Menney of Death 28b. Time of Certification: 28e. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred Attending 1 Neturel 5 Pending death. 1 ☐ Yes 2 ☐ No Investigation 2 Accident the Director: 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by or At 4 ☐ Homicide Hospital 24 hours Funeral 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and pleca, end due to the cause(s) and mannar es stated. Medical 29a. Certifier 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one) To the Within 2 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Mr D38958 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) DALJEET SINGH SIDHU 1413 ANNAPOLIS ROAD #106, ODENTON MS 2113 31. Dete filed (Month, Day, Year) 2 Registrar's Signetur State **MAR 11** Registrar

**DHMH 16 Rev 6/95** 

A -- Sec. 1 11 Jr. 11955

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State of Maryland / Departm

nent of Health and Mental	Hygiene	9	6	0	9	1	
cate of Death							

Physician	
/Medical	
Examiner	

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, in a Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Mospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the attending physician and empletely filled in by the funeral director, page 2 should be detached for use as the bunal-transit Division of Vital Records, P.O. Box 68760,

			Certi	ificate of	Death			Reg. No.			
Decedant's Nama (First, Middle HOLLIS	C.		RODG	ERS	Jr.		2. Data of De Month	eth Dey	Yeer 1996	3. Tima of Dea	th
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PRINCE GEORG											
5. Sociel Security Number	6. Sax	7. Age (In yrs. las	et hirtholous	If Under 1 Yea	CHEV	EKL:	X 8. Dete of Bir		1	EORGES	lea
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District of Co	olumbia	Too. Oity,		hington					1	0d. Insida City Lir 1∑ Yes 2□	
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1 Navar Married 2 Married 3 Widowad 4 Divorced	ed 1 Yes If Yas, G Year or I		1□	Yas 20 No	Specify			Speci	ify:	lack	
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Hollis C. Rods	fore Sr					Poci	a A. Cl	ark			
19e. Informant's Name/Ralationsh			40h Mallian	A dd (04					- 000 - 700	0.11	
							al Route Numb				
Phillip M. Rodg	gers - Br				st Dr	ive,	Ft. Wa				
20a. Mathod of Disposition 1 ⊠ Burial 2 ☐ Cremation	2 Demoved from	0000	ca of Dispositi na <i>tery, cra</i> mai	ion (Nema of tory or other pl	ace)	1	Data	20c. Location	- City or To	wn, Stata	
4 Donation 5 Other (Sp			mony Me	emorial	Park	В	/12/96	Landov	er. M	aryland	
21. Signature of Sunarel Sarvica L	icansee			Neme and Add			,,				
bloky T	Stown	A TIT					ME, Inc N. E.,		ton.	D. C.	
23 Part1. Entar tha disaasa, or shock, or haart failura. List o	complications that	caused the death.	Do not antar	the mode of dy	ing, such as	cardiac	or raspiratory e	rrest,	,	Approximete	
OSHOCK, OF Haart landra. List o	only ona causa on	aacri iiria.								Intarval Batween Onset and Deeth	
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resulting In death) Last		200 10 (01 01	o a consoqua								
	d										
Part II. Other significant condition	s contributing to d	aath but not rasultii	ng In tha unde	arlying causa g	ivan in Part	t.	23b. Did	tobacco use c	ontributa to	the cause of de	ath?
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								an autopsy	24b. Wa	ra autopsy findin	gs
							pend	rmed?	con	allabla prior to applation of cause	
										daath?	
							1/8	Yes 2□No	1,5	Yas 2□ No	
25. Was casa refarred to medical					26. Plec	a of Deat	h (Check only o	ne)			
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		stree	t				Lanta			0	,
29a. Certifier (Check only one)	xaminar: On tha b	best of my knowle asis of axamination ner statad.	edge, daath oo n and/or Invas	ccurred et the t stigation, In my	ime, deta ar opinion, das	id place, ith occuri	and due to the red at tha tima,	cause(s) end m date end plece	nanner as st , and dua to	eted. tha causa(s)	
29b. Signature end titla of certifiar	wild fright	nor statud.		200 I loon	sa number			20d Date sign	ad Alanth I	Day Voorl	
A Signature and talk of certifier	n A				. M . E			29d. Dete sign IARCH	07,1		
Allena.	- 11 (%	inte mi		0.0	A - ILI				0,,1		
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32. Ragistrer's Signetura

State Registrar

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State of Maryland / Department of Health and Mental Hygiene 9 6 9 18 0

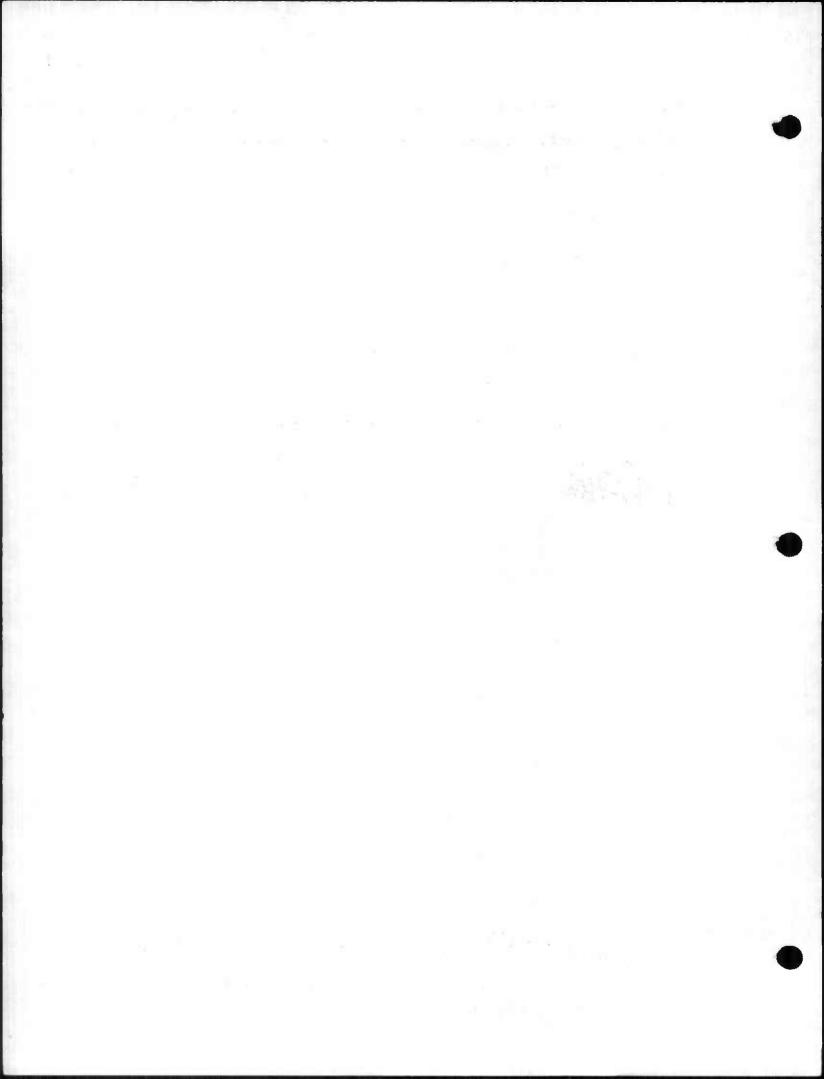
						-	tificate of	Death		Reg. No.		
	Physic	ian	Decedent's Name (First, Mid			2. Dete of De Month	eeth Dey Yaer		3. Tima of Deeth			
١,	/Medi	cal	Dawn Marie			March		996	12:01 AM			
7	Exami	nér	4a. Facility Nama (If not Institut		4b. City, Town, or L	of Death						
			250 Laurel Dri	ve				Lusby		Calve	rt	
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	N e	cto	Maryland Calve	rt	Lu	ısby						1 ☐ Yas 2⊠ No
	ith th	급	10e. Street and Numbar				10f. Zip Code			10g. Citizan of		try?
	23a	To l	250 Laurel Dri	ve	20657					U.S.A.		
21215-0020	72 hours after death with the Meryland natural', or fterns 23a or 28a-f show steel Examiner must be notified at	by Funeral Director	11. Marital Slatus  1 ☼ Never Merried 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce	Armed For	2∰ No e		Vas Decedent of Yes, specify Cub Yes 2, No	Hispenic Orlgin? (Spean, Maxican, Puerto Specify:	ecify Yes or No Rican, etc.)	Specific	ck, White, o	etc.
9-0	2 ho	P P	15. Decede	ent's Education		16a. Deced	ent'a Usuel Occu	pation		16b. Kind of B	usiness/inc	Justry
21	within 7 ene. than "r	Completed	Elemantary/Secondery (0-12)	est grade complated) College (1	-4or 5+)	lifa. L	DO NOT use retire	pation during most of work ed)	ang			
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pu	van ty	Be	17. Fethar's Nama (First, Middle	e, Last)				18. Mother's Nem	e (First, Middla	, Meiden Suman	ne)	
yla	ould be i Mental I arked of artic eva	2	Robert Vernor	Robey				Debrah	Po	oole		
Maryland	and la ma		19a. Informent's Neme/Reletion	nship (Type, Print)		19b. Mailin	g Address (Stree	t end Number or Rui	ral Route Numb	er, City or Town,	State, Zip	Code)
-	and and a salth		Debrah D. Robe	·y				cive, Lust	y, Mary	land 20	657	
ore	of He		20a. Method of Disposition			Place of Dispo- ametery, cren	sition (Neme of netory or other pla	ice)	Dete	20c. Location	- City or To	wn, State
Ĕ	Pages nent of mt: If its ary or o		1 ☐ Burial 2 ☼ Cremetion 4 ☐ Donetlon 5 ☐ Other (			ropoli	tan Crem	natory 3/1	4/1996	Alexand	ria.	Virginia
Baltimore	pernit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", any fujury or other traumatic evant, tra Medical Exa once.		21. Sign sture of Funeral Service	e Licensee		22	. Name and Addr	ess of Fecility				
Ω	88288		1.34					asch's Son			-	
	1.2.14		23e. Part1. Enter he disaase, shock, or heert failure. Li	or complications that co	aused the daeti	h. Do not ente	39 Balti or the mode of dy	Imore Aver	or raspiratory a	rreat,	e, MI	20781 Approximata Interval Between
	Physician /Medical Examiner	Iner	Immediate Ceuse (Finel disease or condition resulting in death)	. Con	genit Dua to (o	er as a conseq Grazi	rebral uence of):	Encep	chalox	redhy		
Box 68760,	death certificate be executed e attending physician and of for use as the buriel-transit	an/Medical Examiner	Sequentially list conditions, if eny, leading to Immediate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	a che	mie	r as a consect	Piras	tem &	god	ime,		
-	deat de att	sick	Pert II. Other significant condit	tions contributing to de	ath but not resu	ulting In the ur	nderlylng cause gi	ven in Pert I.	23b. Did	tobacco uss co	ntribute to	the cause of death?
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Records,	hes been s pe 2 should	Completed by								an eutopsy ormed?	of o	ere autopsy findings allable prior to mpletion of causa death?
Vital	Iclan: The certificate rector, pag	Be C	25. Wes case referred to medic	al				26. Plece of Deet				7100 200110
>		To B	examinar? 1/□ Yes 2 □ No	Hospitel:	npatlant 2	ER/Outpatien	3□ DOA Ot	her:		dence 6 □Oth	or /Casait	a
on of	fer th		27. Menner of Death 1 ☑Naturel 5 ☐ Pand	ing 28a. Dete o		28b. Time of Injury	28c. Inju	ry at ork?		how injury occur		y
Division	To the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completely filled in by the fune.	Certification:	3 Sulcide 6 □ Could	mined 288. Piece	of Injury - At ho g, etc. (Specify	ome, ferm, stre	M 1 =	Yes 2 No	28f. Location ( City or To	Street end Numl wn, Steta)	ber or Rura	l Route Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifier 12 Cartify (Check only 2 Medica	Ing Physician: To the li I Examiner: On the ba	sis ol axaminat	wiadge, deeth ion end/or Inv	occurred at tha ti estigation, in my	me, date and pleca, opinion, daeth occur	and dua to the red at tha tima,	cause(a) end me data end plece,	ennar as st and due to	ated. the cause(s)
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(	2/		Dr. Melvin L.	Feldman, M				ad Colla	GO Dawl	Mass.1	and a	0740
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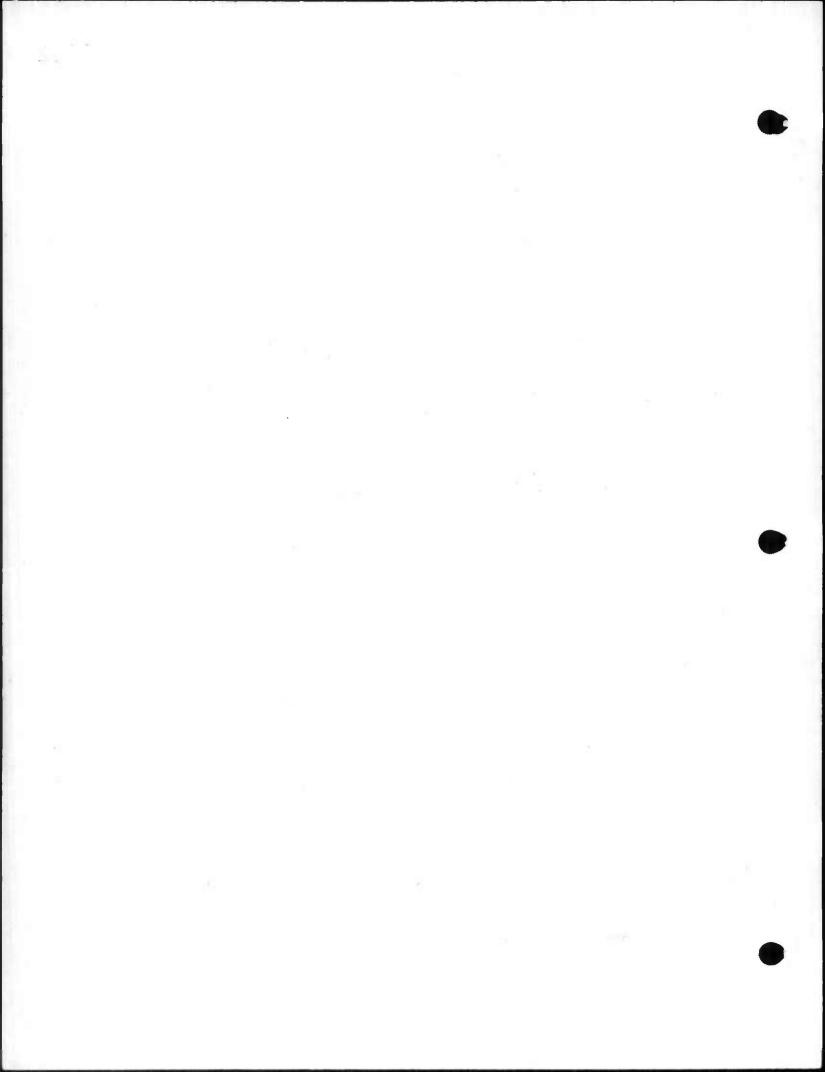
				State of Marylan		Certificate of			Reg. No.	09181
	Physic /Medi		1. Decedent's Name (First, Middle, Last, MC)	ZTON R	14	HWINE	7	2. Date of De Month	ath Day	3. Time of Death  (ear \\ 50PM
P	Exami	ner	4a. Fecility Neme (If not Institution, give CARROLL COUN'	street end number) TY GENERA	L H	DSPITAL	46. City, Town, or WESTM			Death RROLL
	Funeral Director		133-24-7701	x 7. Age (In yrs. 6.		Months Deve	r if Under 24 Hrs	8. Dete of Bir		Birthplace (State or Foreign Country) ENNSYLVANIA
	r 28a-f show	tor	Usual Residence of Decedent  10a. State 10b. County  MD . CARROI			r Location MINSTER				10d. Inside City Limits
	th with the 23e or 28e	Funeral Director	10e. Street and Number 10 RIDGE RD.			10f. Zip Code 2 1 1	57		10g. Citizen of Wh	at Country?
020	72 hours after deeth with the Meryland natural', or flems 23a or 28a-f show dicel Examiner must be notified at	by	11. Meritai Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in U Armed Forces? 12 Yes 2 □ No If Yes, Give Year or Dates: 195		13. Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 2 No		specify Yes or No to Rican, etc.)	14. Rece- Bleck, Specify:	American Indian, White, etc. WHITE
Maryland 21215-0020	within ene. then "	ompieted	(Specify only highest gredd Elementary/Secondary (0-12)	e completed) College (1-4or 5+)	(C	Rive kind of work done fe. DO NOT use retire	e during most of wo ed)	rking		
land;	should be filed wind Mental Hygien Ind Mental Hygien I marked other th umatic event, In-	Be	17. Father's Name (First, Middle, Last) CHARLES	RICHWINE		Not Booth	18. Mother's Na		, Meiden Sumeme)	. 2011
lan	2 shou and N ie mer	-	19a. Intormant's Name/Reletionship (Ty	rpe, Print)	19b. N	lailing Address (Stree	et and Number or R	ural Route Numb	er, City or Town, St	ete, Zip Code)
nore, N	Peges 1 end 2 nent of Heelth unt: If Item 27 I		20a. Method of Disposition 1 ☐ Buriai 2 ☐ Cremation 3 ☐ R	20b. Ference in State	Place of D semetery,	isposition (Neme of cremetory or other pl	ece)	Date	20c. Location - Ci	
Baltimore,	pemit. Pege Department of Important: If any injury or once.				RROL	22. Neme and Add	ress ot Facility F	LETCHE	R FUNERA	AL HOME
ş	Physician /Medical							c or respiratory a	rrest,	Approximate Interval Between Onset end Death
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	d d ansit	mine	Sequentially list constitions	b. ————————————————————————————————————	16		HOLISM	n		YEARLS
60,	be exec clan an burial-tr	ai Exa	Ceuse (Disease or injury	HEAD			CK CI	ANCE	R	MONTHS
Box 68760,	5 0 6		resulting in deeth) Last		r es e con	sequence of):				
Ö.	death he atte	sicia	Part II. Other significant conditions con	stributing to death but not res	uiting in th	e underlying ceuse g	iven in Pert I.	23b. Dld	tobacco use contr	  bute to the cause of death?
s, P.O.	gned by ti		HUPTRTE	MSION				10	Yee 2010 3	☐ Probably 4 ☐ Unknown
Division of Vital Records,	lew require									24b. Were autopsy tindings evailable prior to completion of cause of death?
E E	Ceuse (Disease or injury that initiated events resulting in deeth) Last  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  Due to (or es e consequence of):  D		1 ☐ Yes 2 ☑ No							
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ion o	adh. ath. vr: After thi		1 ☑ Natural 5 ☐ Pending investigation	28a. Date of Injury	28b. Tim	e of 28c. Injury	ury et ork?			
Dİ	ital or Attains efter de rel Directo		4 Homicide determined	building, etc. (Specify	y)			City or To	wn, Stete)	
	HOSP 1 24 house Fune pletely fi	Security   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific   Specific		er as stated. d due to the cause(s)						
	To th Within To th		29b. Signeture end title of certifier	Mills	MC			-	29d. Dete signed (	Month, Day, Year)
	Due to (or as a consequence of):  CHRONIC ACCHOLISM  VEAR  Sequentially list conditions, and yellow earlier resulting in deeth)  Light and the little development of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of t		4 GENERAL							
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BALTIMORE, MARYI	N: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be consisted by
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AL	he law
DIVISION OF VITAL RECORDS, P.O. BOX 68760	PHYSICIAN: TI
/ISION	OR ATTENDING PHYSICIAL
2	OR

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		1. DECEDENT'S NAME (First, I	Middle, Lest)			OLI	11111	DAIL	OI	DEAL	-	2. DATE OF D	EG. NO.		T :	. TIME OF DEATH	
		Dallas	E	•	Reyn	olds						Mar.		1996	YEAR	7:55AM M	
		4. SOCIAL SECURITY NUMBER		5. SEX		(In yrs. lest bi	- 44	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BI (Month, Day	( Year)		Country)	LACE (State or Foreign	
pja		192-12-67		1 🗆 M 2 📈 F		75	YRS.					8-14-	-20			ng Sun, Mi	
3 should	æ				a. II.		1			OR LOCATIO		HTA	- 1	9c. COUNT		ATH	
	DIRECTOR	Calvert M	EDENT	Nursin	д но	ome		RIS	5 1 r	ng S	un			Cec	11		
sages	RE	10a. STATE	10b. COUNTY			- 1	10c. CITY,	TOWN OR	LOCAT	TION					1	Od. INSIDE CITY	
J.		MD	Cec	il			R	isir	ng	Sun					_ 1		
ing physician. the burial-transit permit. Pages 1, 2,	FUNERAL	10e. STREET AND NUMBER							101	. ZIP CODE							
trans.	NE NE	1881 Tele	graph	1 RC.	T EVED H	N. I. C. A. COMATO											
physician. burial-tran		1 Never Married 2 N		FORCES? 1	☐ YES	2 K NO	:D	If y	res, sp	ecify Cuba	n, Mexica	n, Puerto Rican,	ecify Year atc.)	or No- 1	- American Indian, White, atc.		
attending se as the	В	3 X Widowed 4 Divorce	bed	W TES, GIVE V	en on b	MIES		'	TES	2 K NO	Specify					te	
	TED	15. DECE (Specify only	DENT'S EDUC		16a. DECEI	kind of wor	rk done due	UPATIO	ON ost of working	a	16b. KIND	OF BUSI	NESS/INDU				
. 0	빌	Elementary/Secondary (0-1	12)	College (1-4 or 5	·)	life. Do	NOT use i	retired.)					7 . 1				
the hospital detached fo	COMPLET	17. FATHER'S NAME (First, Mid	(die Leet)			Ног	ısek	eepi	inc								
2 2 W	E C	Guy H		n										,			
retained 1 5 should notified	0 8	19a. INFORMANT'S NAME (Typ				19b. N	AAILINO AI	DDRESS (S	Street a						Code)		
5 m 5	۲	Joan Po	wers			467	Cam	p Me	eti	ng G	roun	d Rd. I	MD 21904				
beath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITIO	3 Remo	oval from State		PLACE AND					-13-	DATE 96					
Page I direc		4 Donation 5 Other (S 21. SIGNATURE OF PUNEMAL		ense, /	1.												
		> Edill	WAR	W											e, I	nc.	
after after by the moval		23. PART i. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,														Approvimete	
Do by		ahock, or has IMMEDIATE CAUSE (Fine	ert tallure, i	List only one cau	ise on e	ach Ilna.				_					,	interval Between	
at S		disease or condition resulting in death)	<b>&gt;</b>	M	101	Jal Och	0	Me	0	Jan	a	_					
B 2 2 2				DUE TO	(OR AS A	CONSEQUE	ENCE OF):	(									
and o bur	NO N	Sequentially list conditio		DUE TO	(OR AS A	CONSEQUE	NCE OF									-	
De Cian	SAT	if any, leading to immedicause. Enter UNDERLYIN	G													į į	
certificate ling physi lygiene pri	Ē	CAUSE (Disease or Injury that initiated events		DUE TO	(OR AS A	CONSEQUE	ENCE OF):										
th c endi	CERTIFICATION	resulting in death) LAST															
that the dealed by the att th and Menta		PART II. Other algnificant	t condition	contributing to	deeth b	ut not resu	ulting in	the unda	rlying	g cause g	iven in i				24b. W	FERE AUTOPSY FINDINGS	
uires that the signed by the Health and I	EDICAL														0	OMPLETION OF CAUSE	
	ME																
	ž	DID TOBACCO US		IBUTE TO CA						UNC	ERTAIN	1 🗆					
e ate	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?  1  YES 2 NO	MEDICAL	HOSPITAL:	/	26. PLACE O	0	THER:									
SICIAN certifi the the	нүз	27. MANNER OF DEATH		1 Inpetient 2 ii	_		Bb. TIME C			O 5 Ref	idence (			HIRV OCCU	DED.		
ATTENDING PHYSICIAN: ECTOR. After this certifical s after death with the St.	ВУ Р	1 Natural 5 Pe	ending vestigation	3/17	96		NINJUR	łY.	WO	RK?	NO	107	V	JONI OCCU	THED		
R. After or death		3 Suicide 6 Co	ould not be	28e. PLACE O	F INJURY etc. (Spec	— At home,	ferm, stre	et, factory	, offici		Sun  Cecil  10d. INSIDE CITY LIMITS? 1						
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	COMPLETE		termined				1	7/4	lenge day or as			ony or row	n, orale)	N	X		
7 70 -	MP.																
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	Ö			t: On the basis of a	amination	n and/or Inve	atigation,	In my opin	ilon, d	eath occure	d at the t	lime, data and p	place, and	due to the	cause(a) a	nd menner as stated.	
TO THE HOSPITO TO THE FUNERA De filed within 7 IMPORTANT: I	BE	296. SIGNATURE AND TITLE O	F CERTIFIER	6. 1	0	10 4 15	1			29c. LICE	NSE NUM	BER 7/	0	29d. DATE S	SIGNED (N	lonth, Day, Year)	
₽₽2≦	2	30. NAME AND AODRESS OF	PERSON WHO	COMPLETER CAUS	E OF DE	ATH (ITEM 27	ת (קופסת אינו	rint)	/	١١٠	JUC	102/6	00	- 3	12	6	
		4745 J7	tanto	N- Oct	eYa	ww	Ka	4 18	le	116	/	Veus	erk	DE	- /	9713	
		31. DATE FILED WAR 1	2 199	32. REGISTRA	Ruch Sign	ATURE ROM	Lall				1		- 1				



A BEAUTIFUL HARRY OF A AND A		CE	RTIFICATI	E OF DEATH	MENTAL HYGIE REG. N				
1. DECEDENT'S NAME (First, Middle, Lest) Harold 4	ilkins	son	Row	les	3 1	DAY 9			
219-34-2452	5. SEX 1 M 2 F	LAGE (In yrs. last	YRS. MONTHS		7. DATE OF BIRTH (Month, Day, Year) anuary 30	1936	BIRTHPLACE (State or Foreign Country) Pennsylvania		
GO. PACILITY NAME (If not institution, give st	Yap.		96, CIT	Kten m	D	Cec.	1 4		
100. STATE 100. COUNTY Maryland	Cecil		North				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
100. STREET AND NUMBER 42 Rowles Lane				101. ZIP CODE 21901			of what country?		
11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 I IF YES, GIVE WAY	YES 2 NO		WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexice 1 YES 2 X NO Specify	n, Puerto Rican, etc.)	-	. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)		(Giv	EDENT'S USUAL OF kind of work done to NOT use retired.)	Heavy equip		nstruct			
17. FATNER'S NAME (First, Middle, Last)  James S. Rowles,	Jr.				ME (First, Middle, Meidle May McCle				
19a. INFORMANT'S NAME (Type/Print) Helen R. Rowles				Lane, North			ode)		
20b. PLACE AND DATE OF DISPOSITION  1 K Buriel 2 Cremetion 3 Removal from State  4 Donetton 6 Depter (Specify)  1 St. Mary Anne's Cemetery 3/15/96 North Fast, Maryland  22b. PLACE AND DATE OF DISPOSITION (Name of passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed and passed									
23. PART I. Enter the diseases, or shock, or heart fellura.  IMMEDIATE CAUSE (Final disease or condition	List only one caus	e on each line.	nth. Do not ente						
resulting in death)	DUE TO (	OR AS A CONSEO	UENCE OF):		* 1		About 6 a		
	DUE TO (	HE MYOU OR AS A CONSEO		heart disease	e		15±47		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		or as a conseo		70004 MOGNACO					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	d	OR AS A CONSEO	UENCE OF):			AN AUTOPSY ORMED?	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART H. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL	DUE TO (1) d	death but not result of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se	DENCE OF):  Disulting in the unit of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the substitution of the subst	underlying cause given in  NO	PERF	ORMED?	AMILABLE PRIOR TO COMPLETION OF CAUS		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other aignificant condition  DID TOBACCO USE CONT	DUE TO (I	death but not re  Ufanch  JSE OF DEAT  28. PLACE  ER/Outpatient 3  NJURY	TH YES  E OF DEATN (Check OT HE DOA 4 No. 265. TIME OF	NO S UNCERTAL  k only one)  ER: uraling Home 5 □ Residence	PERF 1 TYES	ORMED? 22 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO (d	JSE OF DEAT  26. PLACE  ER/Outpatient 3  NJURY  (* Year)	ISUITING IN THE U	NO UNCERTAL  k only one)  ER:  28c. INJURY AT  WORK?  1 YES 2 NO	PERF 1 YES  6 Other (Specify)  28d. DESCRIBE HON	ORMED? 25 NO N INJURY OCCU	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		
H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  PART II. Other significant condition  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datarmined  29e. CERTIFIER (Check only 1 CERTIFYINO PHYS)	RIBUTE TO CAL  HOSPITAL: 11 Inpatiant 2 = 26e. PLACE OF building, a	JSE OF DEAT  26. PLACE  ER/Outpatient 3  NJURY  Veric. (Specify)  Thy knowledge, death	TH YES DE OF DEATH (Check DOA OTHE DOA 1 NUTY Men, farm, streel, far	Inderlying cause given in  NO S UNCERTAL  k only one)  ER:  28c. INJURY AT  WORK?  1 YES 2 NO  ectory, office	PERF 1 YES  6 Other (Specify)  28d. DESCRIBE HON  26f. LOCATION (Stre City or Town, Ste	ORMED?  2*** NO  N INJURY OCCU et and Number of	COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO  RED  Rural Route Number,		

Edgar E. Folk, III, M.D., 118 North Street, Elkton, MD 21921

32. REGISTRAR'S SIGNATURE

DHMN-16 Rev 1/89

31. DATE FILED (Month, Pay, Year)

MAR 1 5 1996

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A. B

**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

								9	6	09184	
	FOR STATE REGISTRAR	STATE OF MARYL		PARTMEN			MENTAL HYGIEN	_			
- 4	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3.	TIME OF DEATH A_	
	ERNE	CT R	OBIN	11000			MONTH D		EAR	3.105/	
- 6	4. SOCIAL SECURITY NUMBER		in yrs. last birt				7. DATE OF BIRTH	11-19		0 40 "	
3	225–26–3784			YRS. MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) May 27, 192		Country)	Carolina	
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CIT	Y. TOWN C	R LOCATION OF DE		9c. COUNTY			
DIRECTOR		4.4	HESDIT			INTON				GEORGES	
E I	10e, STATE 10b, COUN	ry	10	Oc. CITY, TOWN	OR LOCAT	ION		10d. INSIDE CITY			
	Maryland Prin	ice George	1	Clinto	n				1 /	YES 2 NO	
A	10e. STREET AND NUMBER				101	ZIP COOE		10g. CITIZE	N OF WNA	T COUNTRY?	
FUNERAL	8911 Gold Field Plac	e				20735		Unite	d Sta	tes	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN					IIC ORIGIN? (Specify Ye	s or No 14	RACE -	American Indian,	
	1 Never Merried 2 Merried	FORCES? 1 X YES				2 NO Specify	n, Puerto Ricen, atc.)		Black, W Specify:	fhite, etc.	
B	3 Widowed 4 Divorced	WWII	1120			2 pg 140 Spacin	,. 		Whi	te	
	15. DECEDENT'S ED	UCATION	18e. DECED	ENT'S USUAL C	CCUPATIO	ON .	16b. KIND OF BU	SINESS/INDUS	TRY		
ΕI	(Specify only highest grad		(Give k	kind of work done NOT use retired.)	during mo	st of working					
21	Elementary/Secondary (0-12)	College (1-4 or 5+)	Car	penter			Const	ruction			
Σ			Car	penter							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Melden	Surname)			
BE	John Robinson					Mamie R	R. Bell				
	19e. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRES	S (Street a	nd Number or Rural i	Route Number, City or Tox	rn, State, Zip Co	ode)		
2	Gloria A. McGee		Rou	ite 1, Bo	x 343	, Hollywood	d, Maryland	20636			
	204 METHOD OF DISPOSITION	206	. PLACE AND	DATE OF DISPO	SITION /No	me of	OATE 20c. LC	CATION — CI	y or Town	State	
	1 Burtel 2 Cremetion 3 Red 4 Densets Densets Other (Specify)	moval from State com	netery, cremete	ory or other place Veterans	)		3-19-96 Che.				
	AL SIGNATURE OF SUMERAL ASTRONOMY	ICIANO CE A	ityranu			ID ADDRESS OF FA		rcernam,	rary	Tand	
	11/0/08/08/08/08	100		B	rinsf	ield Funera	al Home, P.A.				
	Michael K. Bl	ankenshin					onardtown, Ma		20650		
	23. PART I. Enter the diseases, or		d the death							Approximeta	
	shock, or heart fallure	. Liet only one cause on e	sch line.			,,			.,	Interval Between	
	iMMEDIATE CAUSE (Final disesse or condition		•			0.1				Onset and Death	
	resulting in desth)	. Multisys	tem	org	an	Joulu	re			10017	
Z	Sequentially list conditions,	b. ARDS DUE TO (OR AS A	on	vent							
Ĕ	if any, leading to immediate		CONSEQUE	NCE OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	. Kenal	10	u lur	2						
CERTIFICATION	thet initiated events	OUE TO (OR AS A	CONSEQUE	NCE OF):							
E	resulting in death) LAST	d									
2											
A	PART II. Other significant condition		out not reeu	uiting in the u	nderiyin	g csuse given in	Pert I. 24s. WAS AP PERFO			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
PHYSICIAN: MEDICAL	HYPOGIbus	ninemie					1 YES :	2 Dicho		OMPLETION OF CAUSE F DEATH?	
Ψ										YES 2 NO	
-	DID TOBACCO USE CON	TRIBUTE TO CAUSE C	F DEATH	YES 🗆	NO F	UNCERTAIL	иП				
A	25. WAS CASE REFERRED TO MEDICAL			F OEATH (Check							
일	EXAMINER?	HOSPITAL:		OTHE							
<u> </u>	27. MANNER OF GEATH	1 Competient 2 ER/Outs					6 Other (Specify)				
F	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	2	8b. TIME OF INJURY		IRK?	28d. DESCRIBE HOW	INJURY OCCU	RED		
ВУ	2 Accident Investigation			М	1 🗆	YES 2 NO					
	3 Suicide 8 Could not b	28e. PLACE OF INJURY building, etc. (Spec	<pre>f — At home, cify)</pre>	, ferm, street, te	ctory, offic	•	28t, LOCATION (Street City or Town, State		Rural Rout	te Number,	
COMPLETED	4 Homicide datermined										
7	290. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the beat of my know	riedge, death	occurred at the	time, date	end place, and due	to the causals) and ma	nner es stated			
M	(Check only	NER: On the besis of exemination								nd manner as stated	
8				g	product, c						
BE	296. SIGNATURE AND TITLE OF CERTIF	ER				29c. LICENSE NU		29d. DATE S		fonth, Day, Year)	
10	AM					D46	478	▶ 3	-12	-96	
F	30, NAME AND ADORESS OF PERSON W	HO COMPLETED CAUSE OF OF	ATH /ITEM 2	7) (Type Drint)							

Rd. # 362.

dinton

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Suresh A-Patelino

31. DATE FILED (Month, Day, Year) MAR 1 8 1996 7501 SUTTO HS

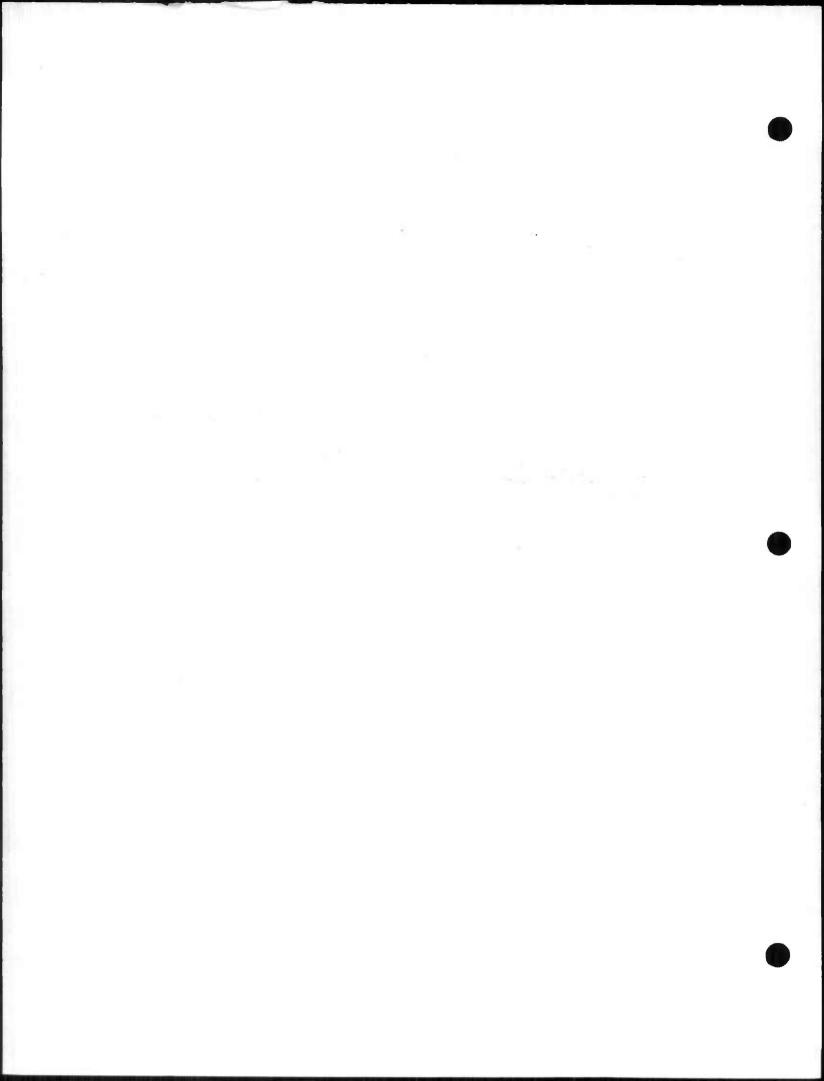
32. REGISTRAN'S SIGNATURE

Danulyon Randall

DHMH-16 Rev 1/89

20735

mp



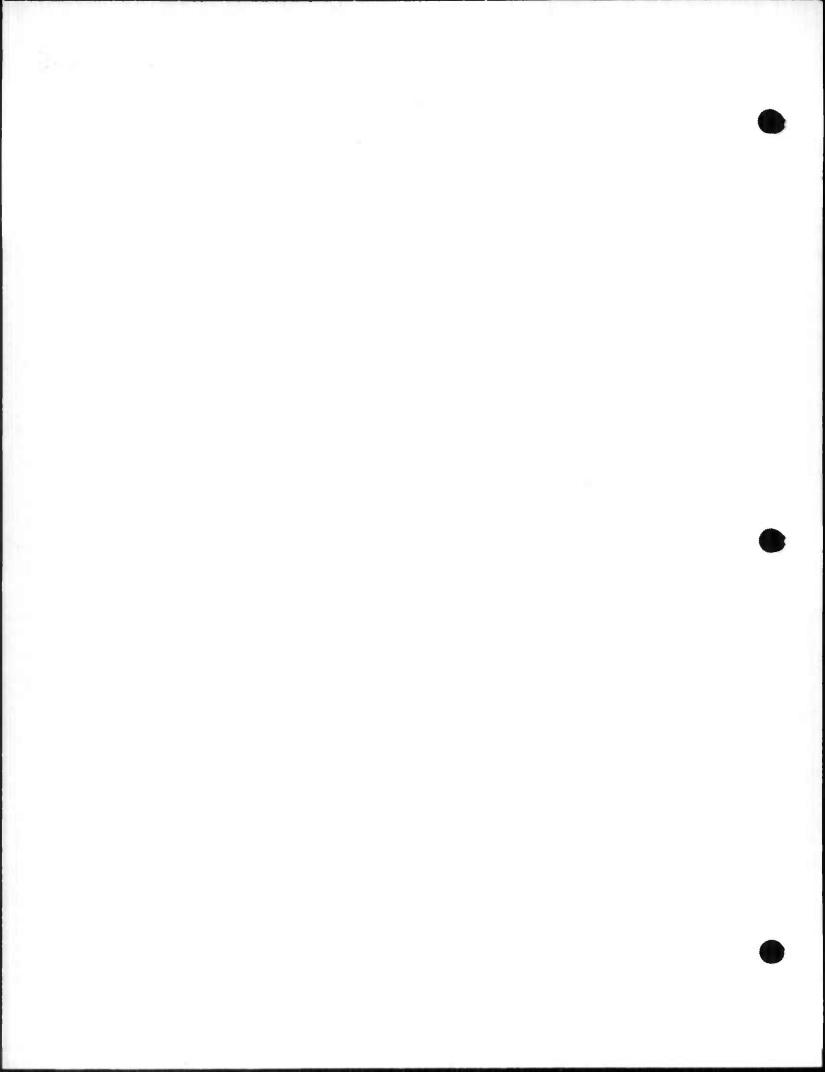
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MAR	YLAND / DEPARTMENT CERTIFICATE	OF HEALTH AND	MENTAL HYGIEN	E							
	1. DECEDENT'S NAME (First, Middle, Lest)  Raymond Bennett Robinson		OI DEATH	2. DATE OF DEATH MONTH MARCH 16,		3. TIME OF DEATH 4:15 P.M						
~	4. SOCIAL SECURITY NUMBER  5. SEX  1   M 2   F  9a. FACILITY NAME (If not institution, give street and number)	RE (In yrs. lest birthday)  8 3 YRS.  9b. CITY	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) August 2, 19	8. BIRT	HPLACE (State or Foreign by) ington, D.C.						
200	St. Mary's Hospital	Le	onardtown		St. Mar	y's						
DIRECTOR	Maryland St. Mary's	Calif				10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	23140 Cobblestone Lane		10f. ZIP CODE 20619		Inited							
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YE WAR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	ES 2 X NO	MAS DECENDENT OF HISPAN f yes, specify Cuban, Mexica D YES 2 X NO Specify	n, Puerto Rican, etc.)	Specify:							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S USUAL OF (Give kind of work done life. Do NOT use retired.)  Postal Wor	during most of working	16b. KIND OF BUS	220000000000000000000000000000000000000							
BE COM	17. FATNER'S NAME (First, Middle, Last) Walter Bennett Robinson	17. FATNER'S NAME (First, Middle, Lest)  Walter Bennett Robinson  18. MOTNER'S NAME (First, Middle, Meiden Surname)  Minnie Edna Boyce										
5	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Kerry Robinson  2 East Rennell Avenue, Lexington Park, Maryland 2065											
	20a. METHOD OF DISPOSITION 1 & Burlai 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of commetery, crematory guespher place)  Jay Chape Cemetery 3/20/96 Hollywood, Maryland  22. NAME AND ADDRESS OF FACILITY  Brinsfield Funeral Home, P.A.  P.O. Box 279, Leonardtown, Maryland 20650											
	23. PART I. Entar the diseases, or complications that causehock, or heart fellure. List only one cause or IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR A	sad the daath. Do not antar	tha moda of dying, such	h as cardlec or reaple	ratory arrest,	Approximate interval Between Onset and Death						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	S A CONSEQUENCE OF):										
AL	PART II. Other eignificant conditions contributing to death	but not resulting in the un		Part I. 24a. WAS AN PERFORI	MED?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATN (Check of	only one)	v 🗆								
BY PHYS	1 VES 2 NO Inpettent 2 ER/O  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Death  The state of Deat	Y 28b. TIME OF	Ing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify)  28d. DESCRIBE NOW IN	JURY OCCURED							
3		RY — At home, farm, street, tecto	ory, office	281. LOCATION (Street at City or Town, State)	nd Number or Rural F	Route Number,						
COMPLE	29a. CERTIFIER (Check only one)  1 OFFITIFYING PNYSICIAN: To the best of my kn one)  2 MEDICAL EXAMINER: On the best of examina					) and manner se stated.						
IO BE	SHALL SHORATURE AND TIPLE OF CENTIFIER  SELMANE AND ADDRESS HE BERSON WHO COMPLETED CAUSE OF	DEATH (TEM 27 July Print)	29c. LICENSE NUM D25230		B/(S	196 War						
	David C. Allen, M.D. 115 Washington Street Leonardtown Maryland 20650											
	MAR 1 9 1996 Julia d'avalua	rhandell										

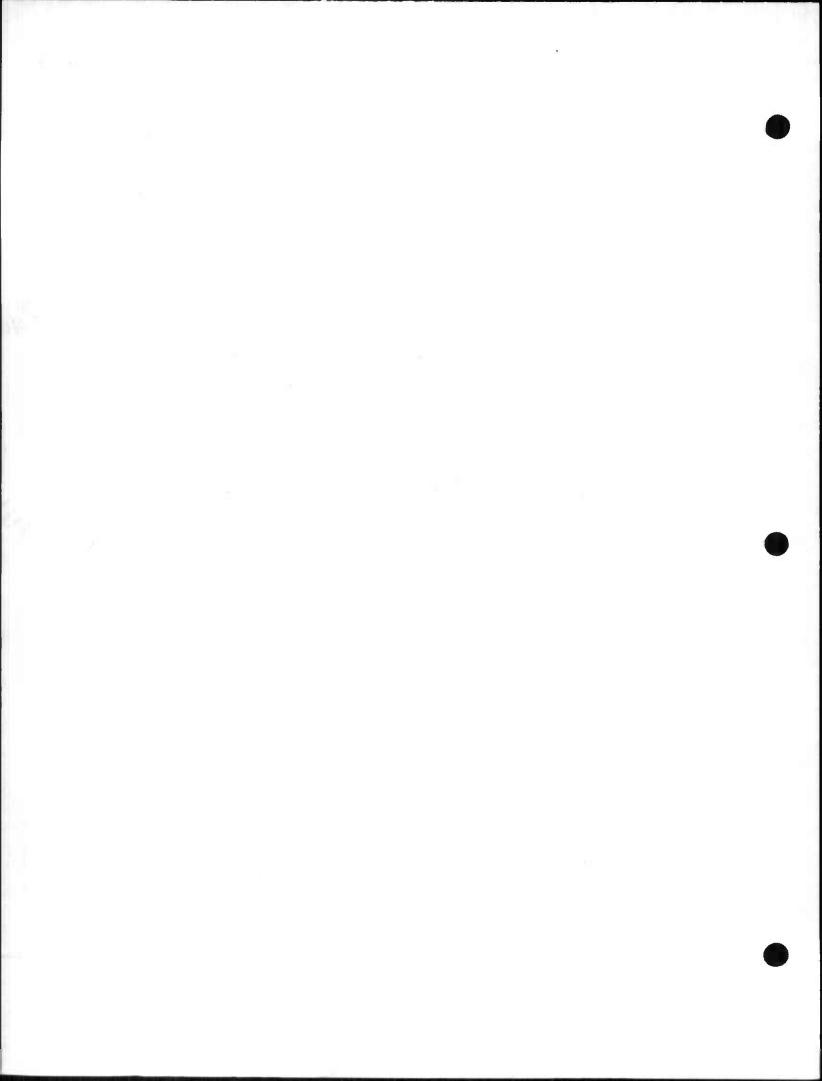


DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEF	RTIFIC	CATE OF	DEATH	R	EG. NO.					
ì	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D				3. TIME OF DEA	ГН	
	MARY EVANGELINE	E RIGGS					MARCH	24,	<b>19</b> 96	YEAR	12:25	Ам	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last bi		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	( Year)		8. BIRTH Country	PLACE (State or Fi	oreign	
j	212-38-5962		89	YRS.	ONTHS DAYS	HOURS MIN.	MAY 25	, 19	06		WV		
	9a. FACILITY NAME (If not institution, give s			9	b. CITY, TOWN	OR LOCATION OF DE	HTA		9c. COU	NTY OF DI	EATH		
DIRECTOR	GARRETT COUNTY ME	MORIAL HOS	PITAL		OAK	LAND			G	ARRE	TT		
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	1	1	Mc CITY	TOWN OR LOCA	TION				T	10d, INSIDE CITY		
<u>E</u>		RRETT			LAKE					-	LIMITS?		
	10e. STREET AND NUMBER	.KKLII		PII.		f. ZIP CODE			10e CITI	ZEN OF W	1 XX YES 2	NO	
FUNERAL	1606 YOUGHIOGHENY	DRIVE				21550				SA	THAT COOK THAT		
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVEN FORCES? 1 1 1	YES 2 X NO	0	If yes, s	CENDENT OF HISPAN	n, Puerto Rican		or No-	Black	— American Indi	en,	
ВУ	3 XX Wildowed 4 Divorced	IF YES, GIVE WAR O	OH DATES		1   YE	S 2XX NO Specify	y:			Speci	WHITE	1	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16e. DECE	DENT'S US	SUAL OCCUPATI ik done during m retired.)	ON ost of working	16b. KIN	O OF BUS	INESS/INC	USTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)											
MP		5+	TE	ACHE	R			CATI					
	17. FATHER'S NAME (First, Middle, Last)  JAMES WESLEY	LOUGHRIE				18. MOTHER'S NA		, Melden					
BE	19e. INFORMANT'S NAME (Type/Print)	LOUGHRIE				ELESA			_	UTTI			
2	FOSTER A. RIGGS I	Т				CLIFF RD					20620		
	20a. METHOD OF DISPOSITION	<del>-</del>	20b. PLACE AND				DATE DATE		GIUN -	-	20639	_	
	1 N Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State				GARDENS	3/26				RYLAND		
21. SIGNATURE OF THE LICENSEE  P.O. BOX 243													
	M00167 DURST FUNERAL HOME - OAKLAND, MD 21550											)	
	23. PART I. Enter the diseases, or other the beat fellows	complications that cer	used the death	n. Do not							Approxim	ata	
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List Drily one ceuse t	on eech line.								Onset an		
ļ	disease or condition resulting in death)	. PNEUMON	NIA								5Day	5	
	THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL STATE OF THE SC	DUE TO (OR	AS A CONSEOU	ENCE OF):									
O	Sequentially list conditions,	b.	AS A CONSEQUE	ENCE OF									
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	552 15 (511)	AS A SOMSEOU	LITOL OI ).									
띮	CAUSE (Diseese or Injury that initiated events	cOUE TO (DR	AS A CONSEQUE	ENCE DF):		-							
E	resulting in death) LAST	d											
2	DART II Oak as also March as a Males										1		
EDICAL	PART II. Other algorificant condition PARKINSON 's DI	SEASE	th but not rea	ulting in	the underlylr	g ceuse given in	Pert I. 24s	PERFOR		24b.	WERE AUTOPSY F AVAILABLE PRIOR	10	
ă	THICKINDON 5 DI	.DLAGE					10	YES 2	NO		OF DEATH?	CAUSE	
Σ					F71 F						1 TYES 2 _	NO	
Z	DID TOBACCO USE CONT	RIBUTE TO CAUSI			(Check only one		иПТ						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	OTHER:							-	
IYS	1 YES 2 NO	1 Inpatient 2 ER/	T			ne 5 🗆 Rasidence							
	1 Natural 5 Pending	(Month, Day, Ye		1NJUF	RY W	JURY AT DRK? YES 2 NO	28d. DESCRII	SE HOW IF	AJOHA OC	CUHED			
BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF IN.	JURY — At home	, farm, str			28f. LOCATIO	N (Street e	and Number	or Rural F	South Number		
E	4 Homicide 6 Could not be determined	building, etc.					City or To	wn, Stele)	TO THE TOTAL	0. 1.0.0.	10010 1101010,		
1	29s. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of my i	knowledge, daath	occurred	at the time dat	and place, and due	to the councie	) and man	ner en etel	had			
COMPLET	control only	R: On the besis of examin									) end manner es i	rteted.	
	29b. SIGNATURE AND TITLE OF CENTIFIE					29c. LICENSE NUI					(Month, Day, Year)		
H	10/01	msm					333		<b>&gt;</b> 3	3/2	4/96		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 2	27) (Type, P	rint)	10.3				J 1-	1110		
	THOMAS G. JOHNSON	N, M.D.		311 1	N. 4TH	ST. OAK	LAND,	MD :	21550	)			
	31. DATE FILED (Month, Day, Year) MAR 2 5 1996	32. REGISTRAR'S	SIGNATURE	et :									
1111	DEEL G & JIMIN	THE WALL	SHALL A GARAN	- E DE									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	d within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burrial, cremation, or removal.	RTANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUNE	be filed within	IMPORTANT

FOR STATE REGISTRAR		STATE OF MAI			OF HEALTH A		TAL HYGIEN	E				
1. DECEDENT'S NAME (Firs	it, Middle, Last)					-	ATE OF DEATH		3. TIME OF DEATH			
1		ALICE	MAE	RA	ASO		farch 11		2:40 a M			
4, SOCIAL SECURITY NUM	BER 5	s. SEX 6.	AGE (In yrs. last bit	rthday) IF UNDER	t YEAR   IF UNDER 24	$\rightarrow$	ATE OF BIRTH		THPLACE (State or Foreign			
214-07-27	40 1	I □ M 2 ☑ F		YRS. MONTHS		MIN. (A	Nonth, Day, Year)	Cou	ntry)			
9a. FACILITY NAME (# not	40	Δ.	91	05.000	TOWN OR LOCATION		RCH 5.	905 MA	RYLAND			
		t shu namoer)		96. CITY	, IOWN OR LOCATION	OF DEATH		Se. COUNTY OF	DEATH			
MEMORIAL HO					CUMBERLAN	D		ALLE	GANY			
10a. STATE	10b. COUNTY		1	Oc. CITY, TOWH (	OR LOCATION				10d. INSIDE CITY			
MEMORIAL HO RESIDENCE OF DE 10a. STATE MARYLAND	ATTE	C A NISZ		7 47747 5					LIMITS?			
	ALLE	GANY		LAVALE	10f. ZIP CODE				1 YES 2 NO			
A TOURSTRUCT AND NOWIGE								rog. CITIZEN OF	WHAT COUNTRY?			
100. STREET AND NUMBER  69 LAVALE  11. MARRITAL STATUS					21502			U.S.A				
11. MARITAL STATUS		2. WAS DECEDENT ET	YES 2 T NO		WAS DECENDENT OF I			or No- 14. RA	CE — American Indian, ick, White, atc.			
3XX Widowed 4 Div		IF YES, GIVE WAR	OR DATES 21		1 TYES 2 NO	Specify:		Spe	WHITE			
	CEDENT'S EDUCAT		40. 0505	DENTIN HOUSE								
	nly highest grade cor		(Give	DENT'S USUAL, O kind of work done NOT use retired.)	during most of working		16b. KIND OF BU	SINESS/INDUSTRY				
Elementary/Secondary	(0-12)	College (1-4 or 5+)			/DEPT STO	RF	RETATI	CLERK				
8			101111	D ODDIAC				· ODDIEC				
17. FATHER'S NAME (First,	Widdle, Lest)				18. MOTHE	R'S NAME (FI	rst, Middle, Maiden	Surname)				
WEN DANI					CHRIS	TINA I	KREILING	1				
196. INFORMANT'S NAME	19s. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
COLLEEN GR	COLLEEN GROWDEN 69 LAVALE COURT, LAVALE MARYLAND 21502											
	20b. METHOD OF DISPOSITION  \[ \sqrt{Spuriel} = 2 \text{Oremeteror State} \]  20b. PLACE AND DATE OF DISPOSITION   Name of cemselery, crematory or other place)  HTTL CPECT CFMFTFDV MADCH 1   1.006 CIMBEDIAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MADSHAND MA											
4 Donation 5 Oth	r (Specify)	ii from Stata			TEDV MADO	и 17	1006 CT	MDEDI ANI	D MARYLAND			
21. SIGNATURE OF FUNER	AL SERVICE LICER	SEE	111111111111111111111111111111111111111	22.	NAME AND ADDRESS	OF FACILITY	1990	WIBERLAN	DWARYLAND			
A. C.	211	1 of		ME	RRITT-ADA	MS FUI	NERAL HO	ME				
Volu	- 04.	enus			4 DECATUR				ARVI AND			
23. PART I. Enter the	diseases, or con heart fallure. Lis	nplications that cast only one cause	on each line	n. Do not enter	the mode of dying	g, such as	cardiac or reap	ratory arrest,	Approximata Interval Batween			
IMMEDIATE CAUSE (F	Inal	in-tel next item							Onset and Death			
disease or condition	disease or condition - Adult respiratory distress syndrome Feb 29 90											
resulting in death)	disease or condition adult respiratory distress syndrome Feb 29, 96											
7	Sequentially list conditions. The Aspiration pneumonia Feb 28,96											
Sequentially list cond		DUE TO (OF	AS A CONSEQUE	ENCE OF):		^						
Cause. Enter UNDERL	YING	cica	phar	NO GE	al da	Stu	netio		10 VEDES			
CAUSE (Disease or in that initiated events	ury	DUE TO (OF	Phar A CONSEQUE	NCE OF):	al ay	2	110110		TO Year 5			
resulting in death) LA	ST											
ő I												
PART II. Other signific						on in Part	I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
Previous	Cereb	rovasci	ular (	accide	ent		1 TYES 2		COMPLETION OF CAUSE			
E Caicagh		al myo-			26,1991	10			OF DEATH?			
DID TOBACCO					NO W UNCE		ı					
25. WAS CASE REFERRED		7012 10 0/100		DF DEATH (Check								
O EXAMINER?	4	HOSPITAL:		OTHE	R:	NUS A						
1 TYES 2 THO		Inpetient 2 Ef			eing Home 5 - Rasio	_						
27. MANNER OF DEATH	Pending	(Month, Day,	Year)	86b. TIME OF INJURY	28c. INJURY AT WORK?		DESCRIBE HOW	NJURY OCCURED				
2 Accident	Investigation			M	1 YES 2 1	NO						
Ω 3 ☐ Suicide 6 ☐	Could not be	28e. PLACE OF IN	IJURY — At home . (Specify)	, farm, atreat, fac	tory, offica		LOCATION (Street City or Town, State)	and Number or Run	al Route Number,			
4 Homicide	determined											
29a. CERTIFIER (Check only one) 2 ME	TIFYING PHYSICIA	AN: To the best of my	knowledga, death	occurred at the	time, data and place, a	nd due to the	o cause(a) and ma	nner as stated.				
one) 2 ME									e(a) and manner as stated.			
295. SIGNAPHRE AND TITL	11	1		CO								
E STAND THE AND THE	100	49	71	1111		SE NUMBER		► // \//	(Moreth, Day, Year)			
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
								,	7			
Dr. Frede	Dr. Frederick Miltenberger-Johnson Heights Medical Building-Cumberland, MD 21502											
31. DATE FILED (Month, Da	v Valeri	32 TEGISTER P'S	SIGNATURE	and the								
MAR 1	2 1996	Anna and	Salaran a part A.	·								

#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent'a Nama (First, Middle, Last) 2. Date of Death Month Yaar **Physician** Samuel Lee REYNOLDS March 15, 1996 12:15 p.m. /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 819 Washington Avenue Hagerstown Washington | If Under 1 Year | If Under 24 Hrs. | B. Date of Birth (Month, Day, Year) | 9. Birthplace (State (Month, Day, Year) | Sept. 24, 1942 | Maryland 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1☑M 2□F 53 214-42-1532 Yrs. Director Usual Residence of Dacedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Keelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 22a.c. any injury or other traumatic event, the Mental Page 2000. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Washington Ø Yas 2 No Hagerstown Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 819 Washington Avenue 21740 U.S.A. Funeral Was Decedant Evar In U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. 1 ☑Yas 2 ☐ No. H Yas, Giva 1960-1965 1 ☐ Yes 2 ☑ No. Specify: Year or Dates: 1 Nevar Married 2 Married Specify: white þ 3 ☐ Widowed 4 ☑ Divorced Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 0-12 College (1-4or 5+) computer & cash registe technician 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) Be Isaac Keller Reynolds Edith Grace Miller 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 17926 Club House Drive, Hagerstown, Maryland Mr. Andrew Jay Reynolds/son 21740 20b. Placa of Disposition (Name of cemetery, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Rose Hill Cemetery 3-19-96 Hagerstown, Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Minnich Funeral Home 1/15 East Wilson Blvd., Hagerstown, Maryland 21740 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medicai Immediate Cause (Final Sulvey disease or condition resulting in death) **Examiner** Due to (or as a consequence of) Examine physician and s the burial-transit The lew requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) ettending p \$ P Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? isigned by the 1 Yes 2 No 3 Probably 4 Unknown þ been si 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed has 10 2 certificate 1 TYas 2 No 1 □ Yes 2 □ No Hospital or Attending Physician: 24 hours after death. Be 25. Was case referred to medical axaminar? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To No Yes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 26b. Time of 28c. Injury at Work? After 1 Natural 5 Panding 1 ☐ Yes 2 ☐ No 2 Accident investigation Director: / 3 Suicide 6 Could not be within 24 hours after de To the Funeral Directo completely filled in by ti 28e. Placa of fnjury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical \$ 29b. Signature and title of cart 29c. Licensa number 29d. Date signed (Month, Day, Year) 30. Neme end address of cause of deeth (Item 23a) (Type, Print) Neithon 80 32. Registrar's Signature 31. Date filed (Month, Day, Year) State

**DHMH 16 Rsv 6/95** 

Registrar

THE HOPPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be milet within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WINDERTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR

10

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI						YGIENI	E		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH		EAR 3.	TIME OF DEATH
	Curtis E. S	mile						March	_			:35 P. M
			yrs, last birthday)	IF UNDER	DAYS	IF UNDER 2	MIN.	7. DATE OF I	BIRTH K Ybar)	8.	BIRTHPL Country)	ACE (State or Foreign
	370 00 0307	1 X M 2 □ F 37	YRS.					June J	2, 19			ngton, DC
~	9e. FACILITY NAME (If not institution, give stre			1		R LOCATIO				9c. COUNTY		
OT	5276 Marlboro Pik	<u>e</u>		Li	apito	от не	1gnt	s, MD		Princ	e Ge	orges
35	10s. STATE 10b. COUNTY		10c. Cl	TY, TOWN	OR LOCAT	ION					10	d. INSIDE CITY
ā	Maryland Prince	Georges		Cap	itol	Heig	hts,	Mary	land		1	X YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER				10f.	ZIP CODE				10g. CITIZEI	OF WHA	AT COUNTRY?
NEP.	5276 Marlboro Pik						0743			Unite		
5	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		It yes, spe	city Cuban	, Mexican	IC ORIGIN? (S I, Puerto Rica		or No- 14	Black, V	- American Indian, Vhita, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		1 YES	2 XNO	Specify:				Specify	Black
	15. DECEDENT'S EQUCA (Specify only highest grade of		16s. OECEDENT'S	S USUAL O	CCUPATIO	IN at working		16b. KIN	ID OF BUS	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT	use retired.)	during mos	st or working						
MP	12		Bus Ope	rato	r					rtatio	n	
8	17. FATHER'S NAME (First, Middle, Last)							AE (First, Midd	le, Maiden	Sumame)		
띪	Clyde Smile  198. INFORMANT'S NAME (Type/Print)							ittle				
2	Andrea Williams Sm	ilo/Wife								Hojah		MD 20743
	20s. METHOO OF DISPOSITION		PLACE AND DATE		_		. ,, 20	DATE	_	CATION — CIT		
	1 X Burlet 2 Cremation 3 Removed 4 Donation 5 Other (Specify)		Harmony				k	3/16		Lando		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NOTE /	1	22.	NAME AN	D ADDRES	S OF FAC	DODG F	unar	al Hom	0	
	Elle Vouder &	t. tope.	pe									MD 20747
ATION	23. PART I. Enter the diseases, or coahock, or heart fellure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE	n mo						ynds		Approximate interval Batween Onset and Death
CERTIFICATION	CAUSE (Disesse or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A										
MEDICAL	PART II. Other algoriticant conditions Heparty	S 13.	ut not resuiting	In the u	nderiyinç	g cause g	Iven in 1		e. WAS AN PERFOR	MED2	A C	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F OEATH?  YES 2 77 NO
	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH Y	ES 🗆	NO E	UNC	ERTAIN	1 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DE									
YSI	1 TES 2 JUNO	1 Inpetient 2 ER/Outp			reing Hom	o 5 A Ras	sidence	8 🗆 Other (S	pecify)			
PH	27. MANNER OF DEATH  1 Z Maturel 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TI	ME OF		RK?		28d. DESCR	IBE HOW I	NJURY OCCU	REO	
BY	2 Accident Investigation	26s. PLACE OF INJURY	— At home form	etraat for		/ES 2	NO	284 LOCATIO	DAI /Otmost -	and Number or	Dumi Bar	do Alcembas
TED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Speci	r(y)	, 411001, 141	nory, orner				own, State)		rigrer riou	ne rumon,
COMPLETED	anal only	SIAN: To the best of my knowl										ind manner as stated.
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DHMH-16 Rev 1/89

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State of Maryland / Department of Health and Mental Hygiene 96 09190

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Physici Medio/		LAWRENCE	S	UMMERS			MARCH		10.00	:00 a	
Examir		4a. Facility Nama (If not institution, given	a street and number)			4b. City, Town, or Li	ocation of Death	4c. County	of Death		
		THE JOHNS HOPK	INS HOSPITAL			BALTIMORE					
uneral			Sax 7. Aga (In yrs.		If Undar 1 Yaar Months Days		8. Data of Birth (Month, Day)	Year)	9. Birthplaca (5 Country)	Stata or For	
rector		2 2 9 8 8 9 8 4 8 Usual Rasidanca of Dacedant	3 9	Yrs.			Nov 5,1956 Virgin				
f ahow led at	or	10a. Siala 10b. County		ty, Town or Lo						ida City Lin	
286	Director	M D  10e. Street and Number	La	tonsvi	10f. Zip Coda		10g. Citizen of What Country?				
Sa of	0	5517 Channing	Road		212	2 9	U S A				
od other than "natural", or items 23a or 28a-1 ahow avant, the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 ☑ Never Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Evar in U Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas:	ff	Was Decedani of h f Yas, specify Cub I ☐ Yas 2 ☑ No	dispanic Orlgin? (Sp an, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	Bla	ce - Amarican ind ck, Whila, alc. y: Black	ian,	
E P		15. Decedant's E	ducation	16a. Daced	iant's Usuai Occup	pation		16b. Kind of B	usinass/Industry		
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If Item 27 is marke or other traumatic		19a. informant's Name/Raiationship (				and Number or Rur			, , , , , , , , , , , , , , , , , , , ,		
Important: If Item 27 is any injury or other tra once.		Donna Tyler  20a. Mathod of Disposition	sister 20b. F	Placa of Dispos	sition (Nama of	t, Alexa	T	-	3 0 4 City or Town, SI	ala	
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Injur		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lices	De		emeter. Nama and Addre				ndria.		
any le		M 1 9 9	1			G			1 Home		
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ing physician and e es the burial-transit	edical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants rasulting in death) Last	b. Previo	or as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as a consequence as	uance of):	prevnon	e de		5	year	
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is certificate director, pag	Be (	25. Was casa rafarred to medical axaminer?	14 - 100 1			26. Place of Deat	h (Check only on	e)			
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ro the Funeral Director: Atter the completely filled in by the funeral	Certification:	2 Accident investigetion 3 Suicide 6 Could not be detarmined	9 One Diseased Indiana. Alab	ome, farm, stre		Yas 2□No	28f. Location (St City or Town		ber or Rurai Route	a Number,	
Funeral stely fillex	edical C	29a. Certifiar (Check only one)	ysfcian: To the best of my kno ninar: On the basis of axamine and manner stated.	wiedga, daath tion and/or inv	occurred at tha tir rastigation, in my o	ma, data and placa, opinion, daath occur	and due to the cred at tha tima, d	ause(s) end ma ata and piaca,	annar as stated. end dua to tha ca	ause(s)	
9 5		29b. Signatura and titla of certifier	1 1	1	29c. Licans	sa number	2	9d. Data signe	d (Month, Day, Y	'ear)	
To the Complete	Σ			/ /	1			/	/		
Complete	2	) tal	male motor	L		m6175		3/	9/96		
To the Formplets	2	30. Nama and address of person who	Indensor	n 23a) (Type, F		M6175	_	3/	9/96		

### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q C

				Otate of Mid		Certificate of			eg. No.	09191	
	Physici	an	1. Decedent's Name (First, Middle, La	ist)				2. Date of Dea Month	th Dev Yea	3. Time of Dear	ith
	/Medic		Mabel F.			Sanford		March	10. 96	1:20 p	1771
	Examir		4e. Fecility Neme (If not Institution, gir				4b. City, Town, or Lo		4c. County of De	eth	
			Washington Adven				Takoma Pa		Montgome		
ı	Funeral Director		577 26 5560	I DAL ON F	(In yrs. last birt	hdey) If Under 1 Yeer Months Days		8. Dete of Birth (Month, Dey Sept. 2	9. E 25,1921 Vi	9. Birthplace (State or Foreign Country) 921 Virginia	
	ryland		Usual Residence of Decedent  10a. State  10b. County		10c. City, Town	or Location				10d. Inside City Lin	
	Series	Director		George's	Bowie					11X1X es 2□	] No
	it it	Dire	10e. Street and Number			10f. Zip Code		1	10g. Citizen of What Country?		
	eth w		12713 Knowledge				715	United St			
Maryland 21215-0020	2 hours after deeth with the Maryland atural; or items 23s or 28s-f show sell Examine: must be notified at	by Funeral	11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 Yes 2XX If Yes, Give Yeer or Detes:		13. Wes Decedent of I If Yes, specify Cub 1 ☐ Yes 2₹\$No		to Rican, etc.) Black, Wh		merican indian, hite, etc. 11te	
0-0	0 0	pet	15. Decedent's E	ducation	16a.	Decedent's Usual Occup	pation		16b. Kind of Buaines		
215	n n	pie	(Specify only highest grant Elementery/Secondery (0-12)	ade completed)  College (1-4or 5-	<b>L</b> )	Decedent's Usual Occup (Give kind of work done life. DO NOT use retire	during most of work. ed)	ing			
21	filed within Hygiene. rther than ent, the M	Completed	12			ord Process	or		Real Est	ate	
pu	0 = 0 \$	Be (	17. Father's Name (First, Middle, Last				18. Mother's Name	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
yla		To	James H. Geddie	S			Ruth Lu	zinka Bu	irgess		
Mar	0.000		19a. tnformant'a Name/Reletionship		19b.	Malling Address (Street	t end Number or Run	al Route Numbe	r, City or Town, State	, Zip Code)	
	5 2 2 5		Frances L. Crame 20a. Method of Disposition	r	120h Place of	2713 Know1e Disposition (Name of	dge Lane			20715	
Jor	Pages nent of h int: If ite		1 St Burial 2 ☐ Cremation 3 E		cemeter	y, cremetory or other ple			20c. Location - City	1	
Baltimore,	permit. Pages 1 a Department of He Important: If Item any injury or othe once.		4 □ Donation 5 □ Other (Special Signature of Funeral Service Lice		Fort	Lincoln Cem		14/96	Brentwood	. Md.	
Ba	Departme Departme Importan any injur		DJack C	C $D$	res-	Robert E.	Evane Fu	neral Ho	ome, P.A.		
			23e. Part1. Enter the diseese, or com shock, or heert feilure. List only	plications that caused one cause on each line	the death. Do n	ot enter the mode of dyi	ing; such as cardiac	or respiratory arr	est,	Approximate Interval Between	)
	Physician / /Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	. mut	zfafi	nancha	y floor	6 ma	who	Onsel and Death	,
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900	8 P 8	Completed	durie.	M. will	· veccu	1my , 7le		perfor	med ?	completion of cause of death?	)
Ä	0 - 6	E O	KALLIIM &	Kibish	Lill	Ill auch	Lucian	10Y	es 2 No	1 ☐ Yes 2 ☐ No	
Vital	iclan: The certificate rector, pag	BeC	25. Was case referred to medical	00000	Chiva	or env	26. Place of Deat	h (Check only or	10)		
of V	Physician: this certific ral director,	To	Yes 2 No	Hospitel: 11 Inpatier	nt 2 ER/Out	patient 3 DOA	her: 4 Nursing Ho	me 5 Resid	ence 6 Other (S)	pecify)	
n o	ter th		27. Manner of Death 1 ☐ Naturel 5 ☐ Pending	28a. Dete of Injury (Month, Dey	/ 28b. T	ime of 28c. Inju	ry at	28d. Describe h	ow injury occurred		
Sio	Attending or deeth.  •ctor: After by the fune	cati	2 ☐ Accident investigatio	n			Yes 2□No				
Division	or Attending P after deeth. I Director: After t d in by the funera	Certification:	3 Suicide 6 ☐ Could not be determined		ry - At home, far (Specify)	m, street, factory, office		28f. Location (S City or Tow		Rural Route Number,	
_	Hospital 24 hours a Funeral D		29a. Certifying Pt	valctan: To the best of	my knowledge	deeth occurred at the ti	me date and place	and due to the o	ausa(s) and manner	as stated	
	Z Z Z Z	edicai			examination and	Vor Investigation, in my					
	offin offin comple	¥	29b. Signature and title of contiler	N		29c. Licens	se number	2	9d. Date signed (Mo	01	
	(-)		De Glass VVI	MMM		100	1999		moun	10, 1996	
1	5/		30. Neme and address of person who	completed cause of de	ath (Item 23e) (	Type, Print)				+	
(	-/		DR. LEWIS	DENNIS		6201 Greenb	elt Rd. C	ollege 1	Park Maryl	Land	
	Sta		31. Date filed (Month, Day, Year)	32. Registra	's Signature	4.0					

153 1 1338 ALL Malanhard

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					iviai yiai				Death	wientai n	Reg. No.	5 0	9192
	Physic /Medi			oddy Shumake						2. Dete of D Month March	6, 199		3. Time of Death 1:55 PM
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	ahow ahow		Usuel Residence of Decedent 10e. Stete 10b. Cour	*		ity, Town or Loc	cation						d. Inside City Limits
	h the Ma rr 28a-f a	Director	Maryland Prin	nce George's		Riverd		p Code			10g. Citizen of V	X⊠Yes 2□No	
2121	illed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show int, the Modical Examiner must be notified at	by Funeral	5913 Harris  11. Meritel Status  1 Never Merried 2 M 3 Widowed 4 Divorce	H Vac Give	es? ₩No	1	Ves Dece Yes, spe		37 ispanic Orlgin? (S an, Mexican, Puerl Specify:		United States  14. Reca - American Indian, Bleck, White, etc.  Specify: White		n Indian, tc.
		Completed	15. Deced (Specify only high Elementery/Secondary (0-12 12	s Usuel Occupetion of work done during most of working (OT use retired)  State of				of Mai	istry				
5	S a b S	To Be	17. Fether's Neme (First, Middle Thaddeus T. F	Roddy					Minn	ie T. R			
	nd 2 selfth ar 27 le r treu		19e. Informent's Neme/Rejetion Margaret S. Ga		hter				<sub>and Numberor Ac</sub> ream Dri				20715
baltimore,			20e. Method of Disposition  1 Buriel 2 Cremetion 4 Donetion 5 Other		910	Plece of Dispos cemetery, crem t. Oliv			- 4 -	Dete	20c. Location - Washing		
Dall	permit. Pages Department of Important: If i any injury or once.		21. Signature of Funerel Service	Ce Licensee	Pa	22. Ro	Name e	nd Addre	ss of Fecility Evans Fu	neral F	Home, P.A	Α.	
,00100	Ocean certificate be executed  The attending physician and the purial-transit and to use as the burial-transit and to use as the burial-transit and to use as the purial-transit and the use as the purial-transit and to use as the purial-transit and the use as the purial-transit and the use as the purial-transit and the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the use as the	an/Medical Examiner	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	Corona c.	Due to (	or es a consequent District	uence of)  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant  Leant	failure failure ocand	re effusive Renaturasive Go	n, Hyporte		5	Ominutes Shows The year The year
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חפר	hes to	Completed									Yes 2 No	of de	pletion of cause eath? Yes 2□ No
מו אוומ	ing Physician: ), After this certific funeral director,	To Be	25. Wes case referred to medie examiner?  1 Yes 2 No  27. Menner of Death  1 Netural 5 Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pence Pen	Hospitel: 1 Inp		ER/Outpetient		28c. Injur Wor	4 🗆 Ruraing r	oth (Check only		er (Specify)	
5	i Dift	Certification:	3 ☐ Suicide 8 ☐ Coul	d not be mined 28e. Piece of building	nome, ferm, stre	y, office			(Street and Numb own, State)	per or Rural I	Route Number,		
	the 24 hours efter the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of the Employed Direction of	edical (	29e. Certifier Certify (Check only one) Certify	ring Physician: To the be al Examiner: On the basi and menner	est of my kno s of examina r steted.	owiedge, deeth ation end/or invo	occurred	et the tin	ne, dete end piece pinion, deeth occu	, end due to the rred et the time	ceuse(s) and me , date end piece,	enner as state	ted. he cause(s)
/	within 2	Me	29b. Signeture end title of cartif	ion from m	Ø		29		54-24		3 6 96	d (Month, De	ay. Year)
(	Sta	te	30. Name and address of personal control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	Hsu, m.D.	of deeth (Itel	3 Balt	Print)	e Av	enue, R	iverdal	le, mo.	20131	1.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  It is been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should tate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	FOR  1 . STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
-	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH		3. TIME OF OEATH
	Horace Jones SAV	OY Sr.			March 2	1996	10:55a.M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (h		INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign
	577 26 8647	- xx <sup>M 2</sup> □ F 73	YRS. MON	THE DAYS HOURS MIN.	Sept. 1,19		ryland
	9e. FACILITY NAME (If not institution, give street		96.	CITY, TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
	Poctors Community RESIDENCE OF DECEDENT	Hospital	ok	George's			
1	10e. STATE 10b. COUNTY		toc. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?
5	Maryland Prince	George's	Uppe	er Marlboro			1 X YES 2 NO
	10e. STREET AND NUMBER			10t, ZIP CODE		tog. CITIZEN OF	WHAT COUNTRY?
	120 Queen Anne Bri			20774		United	States
5	11. MARITAL STATUS t2.  1 Never Married 2 Married	FORCES? 1 TYPES  IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxica		or No— 14, RA	CE American Indien, ick, White, etc.
5	3 Widowed 4 Divorced	IF YES, GIVE WAR'OR DA	TES WWII	1 TES 2 NO Specify		Spe	odly:
	ts. DECEDENT'S EDUCATION	ION	tae. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUS	INESS/INDUSTRY	Black
	(Specify only highest grade com Elementary/Secondary (0-12) C	college (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	done during most of working red.)			
	7		Nursing A	ssistant	D.C. (	Governme	ent
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden S		
í	William Savoy			Maude	Jones		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADD	RESS (Street and Number or Rural I	Route Number, City or Town	, State, Zip Code)	20774
1	Roberta Savoy			en Anne Bridge			
	20e, METHOD OF DISPOSITION 1 🗵 Buriel 2 🗆 Cremation 3 🗆 Removal		PLACE AND DATE OF DI-			ATION — City or	
	4 Donation 5 Other (Specify)		ryland Ve	terans Cemeter 22. NAME AND ADDRESS OF FA		heltenha	am Md.
1	Ralast C		D	Robert E. Eva		Home,	P.A.
	moved E.	Cano	Tres.	16000 Annapol			20715
	23. PART I. Enter the diseases, or com shock, or heert fellure. List	iplications that caused tonly one cause on er	the death. Do not e	nter the mode of dying, suc	h sa cardisc or reapi	ratory arrest,	Approximats interval Between
	IMMEDIATE CAUSE (Final	A 1	Ω	-5.			Onsat and Death
	disease or condition resulting in death) a	Aspivatio		uomA.			Ihour
		COL COR AS A	CONSEQUENCE OF):	- and t	- williag		Melanuce
	Sequentially list conditions, b	DUE TO (OR AS A	CONSEQUENCE OF:	Julian 1	4-		2900003
٤	if any, leading to immediate cause. Enter UNDERLYING	MRSA +1	Courago WI	- yeurl touta	mateen	) .	9 months
	CAUSE (Disease or injury that initiated events	DUE TO OR AS A	CONSEQUENCE OF):	1 1	1 /		0 0
ā	resulting in deeth) LAST	the of Pi	ree moun	25-8/p. True	cheoston	~	I moul
3	PART II. Other significant conditions of	ontributing in death b	ut not reestiting in th	e underlying ceuse given in	Part I. 24s, WAS AN	urmney 2	b. WERE AUTOPSY FINDINGS
Ś	Alzemen One	eal -	Colon	CALCIAANIA	PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE
	Massac Concy	COL	Co love	account	t 🗆 YES 2	XXIIIO	OF DEATH?
	DID TOBACCO USE CONTRIB	LITE TO CALISE O	E DEATH VEC I	□ NO 🖾 UNCERTAII			t TYES 2 NO
SICIAIN.	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C		101		
	EXAMINER?	OSPITAL:		HER: Nursing Home 5 Residence	B C Other (Specific)		
	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME OF	28c. INJURY AT	28d. DESCRIBE HOW IF	JURY OCCURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	M 1 YES 2 NO			
	2 Accident investigation 3 Suicide a Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, term, atree	t, tectory, office	28f. LOCATION (Street a	nd Number or Rura	I Route Number,
11.0	4 Homicide determined	Consump, etc. (opec			City or Town, State)		
	29a. CERTIFIER 1 CERTIFYINO PHYSICIAI	N: To the best of my knowl	edga, death occurred at	the time, data and place, and due	to the cause(a) and men	ner as stated,	
5	and!			my opinion, death occured at the			e(a) and menner as stated.
	296. SIGNATURE AND TITLE OF GERTIFIER	1 0 -	1////	29c. LICENSE NUI		29d. DATE SIGNI	ED (Month, Dey, Year)
	Allin Cleele	upall	MAS	D426	49	1 3/	5/1996/04
	30. NAME AND ADDRESS OF PERSON WHO CO	HAMPA /		D. Upper	Marlbo	Vo VI	ld 20772
	31. DATE FILED (Month, Day, Year)	32. FEGISTRAR'S SIGN	ATURE	CIPPE	111-01000	, , , ,	
	-MAR 13 1396	John March	ar Mindell				

William Street The American

- 10

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State of Maryland / Department of Health and Mental Hygiene 96 09194

						Certifi	cate of	Death	R	eg. No.	, 0	2127		
П	Physici	an	1. Decedent's Name (First, Middle, Last,	)					2. Date of Deet		Yeer	3. Time of Death		
Ų	Physici Medi/		EDITH PAU	LINE	SULLIVAN				Month MARCH	13,1996	1001	5:30AM		
	Examir		4a. Facility Neme (If not institution, giva	street end number)				4b. City, Town, or Lo	ocation of Deeth	4c. County	of Death			
L			PHYSICIANS MEMORIA					LAPLATA		CHARL				
	Funeral Director		5. Social Sacurity Number 6. Sax 1577-09-1646  Usuel Residence of Decedent	7. Ag	a (In yrs. last bir		Indar 1 Yaar nths Deys		8. Deta of Birth Month, Dev. 4/20/11	Year)	9. Birthple Countr Penns	oce (Stete or Foreign y) sylvania		
	Mon to		10e. Stete 10b. County		10c. City, Tow	n or Location	n			10	d. Inside City Limits			
	Man H	ţō	Maryland Anne Arun	de1	Severn							1 Yas 2 □ No		
	or 28	Director	10e. Street and Number				f. Zip Coda		11	0g. Citizen of V	Vhat Countr	y?		
	23a 23a uset b	rai	1602 Severn Rd.				21144			USA	·			
Maryland 21215-0020	d within 72 hours after death with the Maryland jene. r than "naturel", or tems 23s or 28s-f show the Marical Examiner must be notified at	by Funeral	11. Meritel Status  1 Nevar Married 2 Merried  3 Widowed 4 Divorced	12. Was Decedent If Armed Forces?  1 Yes 2 V N If Yas, Giva Year or Datas:			Decedent of I specify Cub as 2 No	Hispanic Orlgin? (Sp an, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)		e - Amarica k, White, e	lc.		
2-0	72 hours "naturel",	ted	15. Decedent's Edu	cation	16a.	Decedent's	Usuei Occu	pation		16b. Kind of Bu				
21	within 7 ena. than "r	Completed	(Specify only highast grade Elementary/Secondery (0-12)	College (1-4or 5	+)	lifa. DO N	OT usa ratire	*		**	4			
121	filed wi Hygien ort, the	Con	12th		· T	eleph	one Op	erator		Hospita				
and	od in p	Be	17. Father's Neme (First, Middle, Last)					18. Mother's Nem			e)			
Ž	should be nd Mental marked c	70	Carl Haas  19e. Informant's Name/Reletionship (Ty)	no Deinal	401	14 - 112 - A - d	4		chartner		Out. 71. 6	2.71		
Z	d 2 sho th and h 7 is me treume		Margaret A. King	pe, Print)			aress (Street s item	t and Number or Run	ai Houte Number	City or Town,	Stete, Zip (	OOB)		
re,	Health tem 27 other tr		20a. Method of Disposition		20b. Piece of cemetal				Dete :	20c. Location -	City or Tow	m, State		
Baltimore,	oemit. Peges 1 and 2 should Department of Health and Men Important: If Item 27 is marke any injury or other treumatic anses.		1 ABurlei 2 Cremetion 3 R 4 Donetion 5 Other (Specify)	amovel from Stete	10000									
Ħ	Department Important any Injure price.		21. Signature of Funeral Service License	· 1	Cedar	22. Nen	Demete	ry 3/15/9	0 5	Buitland	ı, Ma.			
m	Depa Impo any I		Mr. P. Kal	es the				Kalas Fun			007/6			
			23a. Part. Enter the disaese, or compil	cetion, hat caused	the death. Do r	not anter the	mode of dyi	Hill Rd. ng, such es cardiec	OXON HILL or respiratory erre	est,		Approximate		
Ŋ.	Physician		23a. Partil. Enter the disasse, or complication, hat caused the death. Do not anter the mode of dying, such as cardiec or respiratory errest, shock, or haert failure. List only one cause on each lina.  Approximate Intervel Between Consatt and December 2015.											
И	/Medicai	er.												
	Examiner		resulting in death)		Due to (or es e	consequenc	e of):	\ '				3 days		
	Sit ed	Examiner		ao	ric	Valve	ular	Disea	se			1204rs		
	death certificate be executed e ettanding physician and sof for use as the buriel-transit	xan	Sequentielly list conditions, if any, leading to immediate		Due to (or es a									
68760,	siclan burie	aiE	Sequentielly list conditions, if any, leading to immediate causa. Enter Underlying Ceuse (Disease or injury that initiated events											
687	tificate ng phy as the	Medical	resulting In death) Last	ľ	Due to (or es e o	consequence	a of):							
Вох	Inding use	In/M	d											
	death e ette	sicia	Pert II. Other significant conditions con	tributing to death bu	t not resulting Ir	the underly	Ing cause of	ven in Pert I	23b. Did to	bacco usa cor	tributa to 1	the cause of death?		
P.O.	ilres that the death cer signed by the ettandir d be detached for use	Physician/	Chronic Obsm						1 🗆 Ye			ibly 4 ☐ Unknown		
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T	The ate h	Con							1□ Ye	s 2 No	10	Yes 2□ No		
/ita	Physician: The la this certificate ha	Be	25. Wes case referred to medical examiner?					26. Piace of Deat	h (Check only on	9)				
5	Physic this or	2	1 ☐ Yas 2 No	ospitel: 1 Inpatie		tpetient 3[	J DON		me 5 Reside					
Division of Vital	ding P. h. After tunen	lon	27. Manner of Death 1 Neturei 5 ☐ Pending	26a. Dete of Injur (Month, Day		Time of njury	28c. Inju Wo		28d. Dascribe ho	w injury occurr	ed			
S	or Attending after death. Director: After I in by the fune	Certification:	2 Accident investigation 3 Suicide 8 Could not be	20a Dian of Jalu	ne Albama fa	M atro at 4		Yas 2□No	29f Location /Ct	roat and Alimb	or or Burni	Dauta Mumbar		
<u>&gt;</u>	Direct In by	ertit	4 ☐ Homicide determined	28e. Piece of Inju building, etc	(Specify)	rm, street, re	ectory, offica		28f. Location (Sti City or Town	, Stete)	er or Hurari	House Number,		
	Hospital or Attend 24 hours after deatl Funeral Director: staly filled in by the	1	29a. Certifier 1X Certifying Phys	ician: To the best o	my knowledge	. death occu	rred at the ti	me, date end place	and due to the ce	use(s) and ma	nner as ste	ted.		
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director. After thi completaly filled in by the funeral	edical	(Check only 2 Medical Examin	er: On the basis of and menper ste	exemination en	d/or investig	etion, in my	ppinion, deeth occurr	ed at the time, de	ete and piece, a	ind due to t	he cause(s)		
	withir To th	×	29b. Signature and title of confiler	11/2/11	1,		29c. Licens	sa number		d. Data signed				
	10		1 / Mannon		no			D-46419		3/13	196			
	81		30. Neme and address of person who con	mpleted cause of de	eth (Item 23a) (	Type, Print)				-/-	/			
_ \			CHARLENE LETCHFORD MD	700 OLD I	INE CENTE	R SUI	TE 100	WALDORF MD.	20602					
	Sta Registr		31. Data filed (Month, Day, Year)	. Registre	r's Signature									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and location for the forms of the hospital or attending physician.

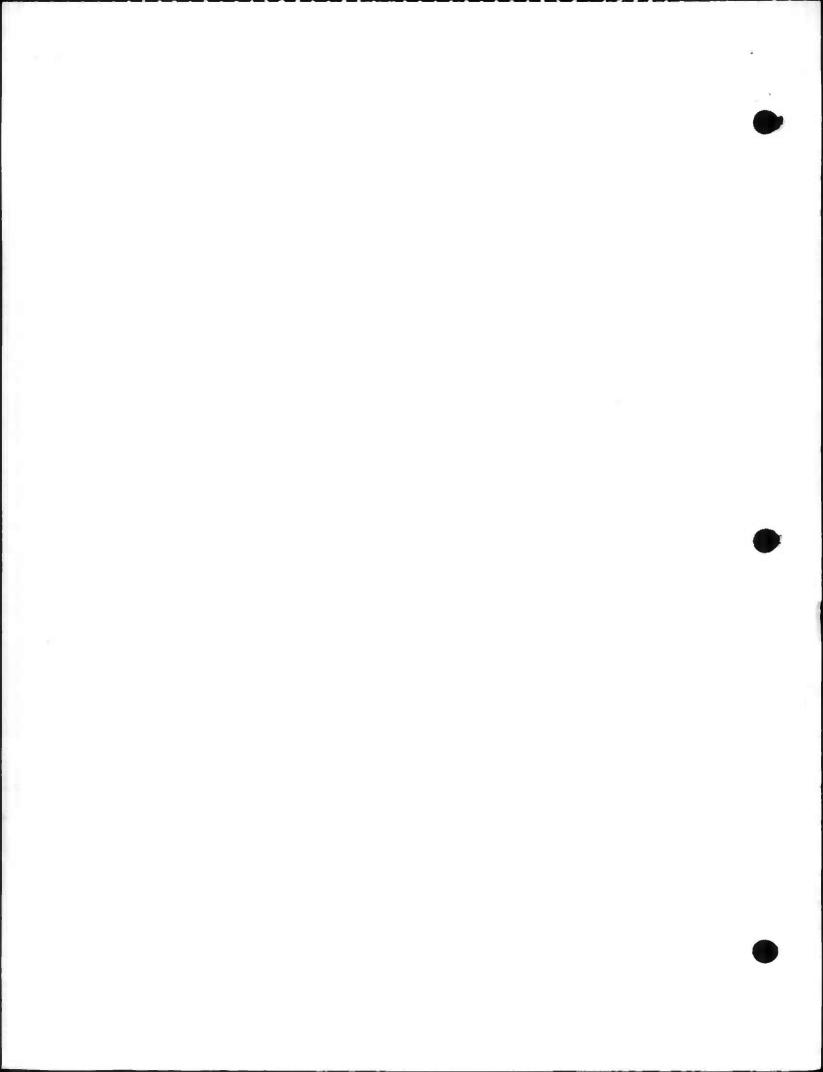
TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	3/15/96 mended # 6 pe	er F.D	STATE OF I	l Co sı	`k								6	09195
	1 - STATE REGISTRAR		STATE OF	MARYLAND C	DEPAR ERTIF	ICAT	T OF H	DEAT	AND I	MENTAL H	YGIEN EG. NO.	E		
	1. DECEDENT'S NAME (First,	, Middle, Last)				10/11		DEA		2. DATE OF I	DEATN			3. TIME OF OEATH
	LAURENCE	BRA	ADFORD	FORD SULLIVAN						MARCH 15, 199				5:42 a
	4. SOCIAL SECURITY NUME		5. SEX							7. DATE OF BIRTN (Month, Day, Year)			Count	HPLACE (State or Foreign
	212-32-003		1 X M 2 🗆 F	-006/			MONTHS DAYS HOURS MIN.				FEB. 16, 1929			RYLAND
œ	90. FACILITY NAME (If not in		•	TURSING HOME				96. CITY, TOWN OR LOCATION OF DE EMMITSBURG					NTY OF D	
5	RESIDENCE OF DEC		NONSTING	URSING HOME				SURG				FRE	EDERI	.CK
DIRECTOR	10e. STATE	10b. COUNTY			1		OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	MARYLAND  100. STREET AND NUMBER	FREDI	ERICK	ICK			BURG							1 X YES 2 □ NO
FUNERAL	333 SOUTH		ישו זוגיישו זוגי				101	. ZIP COD		.7		10g. CIT	IZEN OF \	WNAT COUNTRY?
ONE	11. MARITAL STATUS	SEION	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT (	2172 E HISPAN	VIC ORIGIN? (S	necify Yes	or No	14 PACI	USA E American Indian
	1 Never Merried 2	Merried	FORCES? 1	YES 2 X	NO	- 1	If yes, sp-	ecify Cube 2 NO	n, Mexice	n, Puerto Ricen	i, etc.)	J. 110—	Black	E — Americen Indian, k, White, etc.
) BY	3 Widowed 4 Divo							41						CASIAN
TE	(Specify only	EDENT'S EDU	completed)	100	ECEDENT'S Give kind of to Do NOT us	Work done	during mo	on st of working	ng	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
PLE	Elementary/Secondary (0 UNKNOWN	1-12)	College (1-4 or 5	+)	UCK I					SOF	) FAE	M-CC	MMFR	RCIAL
COMPLETED	17. FATNER'S NAME (First, M.	iddle, Last)						18. MOT	NER'S NA	ME (First, Middle				.02.12
BE C	WILBUR			ULLIVAN				MAF	Y	PAUI.	INE		LOCK	NER
5	19e. INFORMANT'S NAME (7)									Route Number, C	ity or Town	n, State, Zip	Code)	
	CHARLOTTE VIRGINIA SULLIVAN 17250 ANNANDALE ROAD EMMITSBURG, MARYLAND 21727													
	20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremetton 3 Removat from State 4 Donation 8 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other piece) GRACE UNITED CH. OF CHRIST3/18 TANEYTOWN, N													
	GRACE UNITED CH. OF CHRIST3/18 TANEYTOWN,  22. NAME AND ADDRESS OF FACILITY 136 EAST BALT													
	136 EAST													
	SKILES FUNERAL HOME TANEYTOWN, MD  23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, shock, or heart failure. List only one cause on each line.												Approximate	
	shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	esrt fsillure. nel	List only one cat	ise on each lin	0.									Interval Between Onset and Death 15 M / W
				DUE TO (OR AS A CONSEDUENCE OF):									1.7 00	
CERTIFICATION	Sequentielly list conditions,  DE TO RONARY ARTERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):										1			71540
CAT	if any, leading to immed ceuse. Enter UNDERLYI	NG	ATH	EROSC	265	Ro	Si	S						715 x00
	CAUSE (Disease or Inju		DUE TO	(OR AS A CONSE	OUENCE O							0		111/10
#	resulting in death) LAS	' (	TYPE	III	1/1	25	183	V	18	CCIT	u-	3		720+R
	PART II. Other significa	nt condition	s contributing to	desth but not	resulting	in the ur	nderlying	ceuse (	given in	Part I. 24a	WAS AN		24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	FRIPHE EPICE	PAL	VASC	uCA	RD	1381	A	38		10	PERFOR	A .		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
N	DID TOBACCO U	SE CONT	RIBUTE TO CA	USE OF DEA	TH YE	S 🗆	NO [	UNC	ERTAIN	<u>-</u>				1 123 2 10
CIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. PLA	CE OF DEAT									
IXSI	1 YES 2 NO		1 Inpatient 2				alng Nom		sidence	8 Other (Spe	ecify)			
	~	Pending	26e. DATE OF (Month, D		26b. TIM INJ	URY M	28c. INJ	RK?	1 NO	28d. DESCRIB	E HOW IN	JURY OC	CURED	
BY	2 Sudalda —	Investigation	28e. PLACE O	F INJURY — At he	me, farm, i	street, feci		'ES 2	NO	261. LOCATION	N (Street o	nd Number	or Rumi A	Pouts Number
밀		Could not be determined	bullding,	etc. (Specify)		,	,			City or Tox	vn, State)		or restair f	were italian,
COMPLET	29e. CERTIFIER													
OM														) end manner es stated,
BEC	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)													
0 B	Somita	UK	Lung	El-fe	refe	Wi	20	44	40	37		▶ 03	3-13	5-96

EX 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 BONITA J. KREMPEL-PORTIER, D.O. 310 SOUTH SETON AVENUE EMMITSBURG, MD 21727 31. DATE FILED (Month, Day, Year)

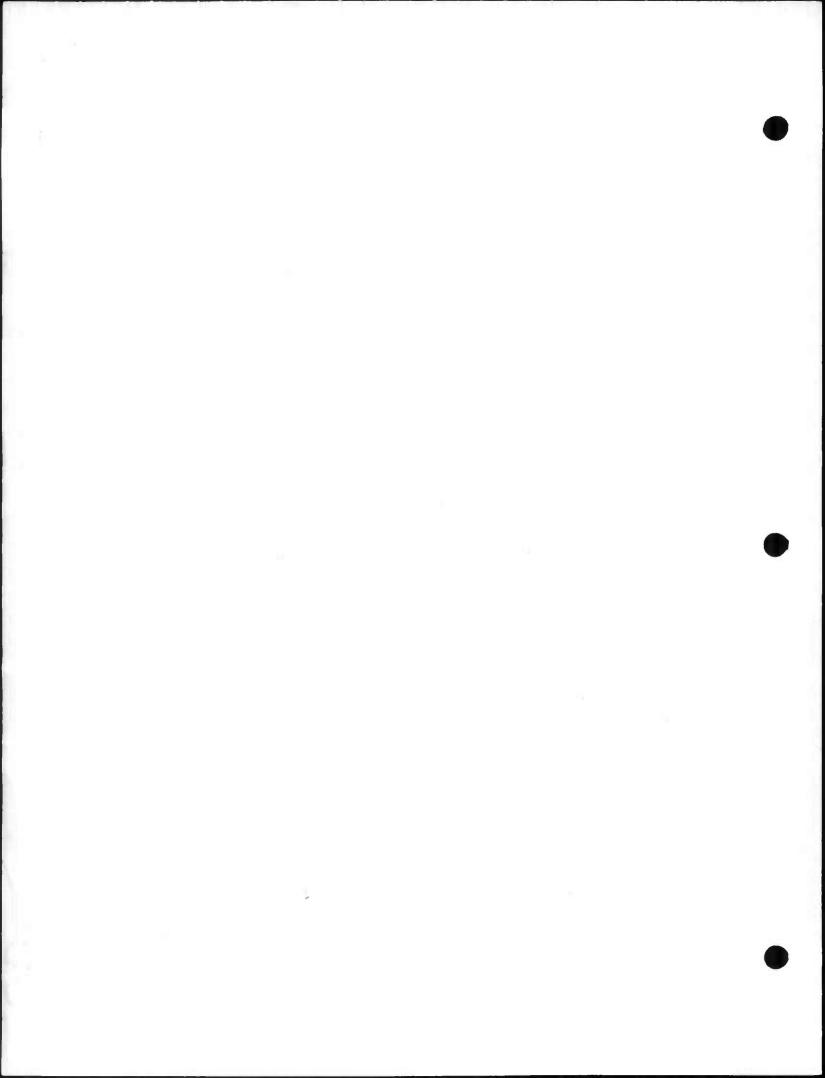
32. REGISTRAR'S SIGNATURE MAR 1 5 1996



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attending physician.	e as the bunal-transit permit. Pages 1, 2, 3 sh	
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	ler this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, ath with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal.	and and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requir	TO THE FUNERAL DIRECTOR: After this certificate has been sind be filed within 72 hours after death with the State Dept. of He	INDOORANT, to laren 90 to marked on laren 92 shows

9	1. DECEDENT'S NAME (Fit	st, Middle, Last)					DAIL O	F DEATH	2. D	REG. N		3 196	1. TIME OF DEATH	
	Allen R	eno S	Smith, Jr	r.						) 3 /	3	96	9:06	
	4. SOCIAL SECURITY NUI	MBER	5. SEX	5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7.1						ATE OF BIRTH			HPLACE (State or Fore)	
	212-24-703		1 📉 M 2 🗌 F	May 15, 1929						1929		ryland		
-	9a. FACILITY NAME (If not	institution, give s	treet and number)				b. CITY, TOWN	N OR LOCATION OF	DEATH					
стоя	3 S. Main	St.	Woodsboro								Fre	ederi	ick	
S S	10a. STATE	10b. COUNTY	Y			10c. CITY,	TOWN OR LOC	CATION	_				10d INSIDE CITY	
DIRE	Maryland		Frederi	ck			Woo	odsboro					LIMITS?	
ERAL	10e. STREET AND NUMBE	R		riederick						Of. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?	
🖫	3 S. Mai	in St.					_	2179	8		U.	S.A.		
E COMPLETED BY FUN	11. MARITAL STATUS	12. WAS DECEDEN				13. WAS DE	ECENDENT OF HISPA specify Cuban, Mexic	ANIC OR	IIGIN? (Specify )	ea or No-	14. RAC	E — American Indian, k, White, etc.		
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	15. DE	CATION		16a DS	CEDENT'S III	BUAL OCCUPAT	TION				1	White		
	(Specify o	nly highest grade	completed)	ompleted)			k done during r	most of working		16b. KINO OF B	USINESS/IN		vertising	
	12	1-101	College (1-4 or 5+)			esident/antique deale				perfun	e co.	,	antiques	
	17. FATHER'S NAME (First,	Middle, Last)						18. MOTHER'S N				,	oz queo	
	Allen R. S		Sr.					Mild	red	Forter	berry	У		
0 8	190. INFORMANT'S NAME	1 7						at and Number or Rura						
-1	Vivian Smit		P		- 6	6992 C	loverh	ill Dr.	F:	rederio	k, MI	217	702	
	20a. METHOD OF DISPOSI	lon 3 🗆 Rem	20b. PLACE AND DATE Commetery, crematory of ot			AND DATE OF	OF DISPOSITION (Name of ther place)			OATE 20c. LOCATION — City or Town, State				
	4 Donation 5 Oth		ll'Cre	Cremation, Inc. 3/16 Hampstead, MD					MD					
	77,1	~ //	noce /	D.D. Hartzler& Sons							Sons			
_	athan	ne (	J. Da	1/4	ler	/		Woodsb	oro	, MD				
Į.	IMMEDIATE CAUSE (F													
ERTIFICATION	disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	itions, lediata YING Jury	b DUE TO	(OR AS A	CONSEC	ROTIC QUENCE OF):	ÇA	RD10VAS	<b>&lt;</b> 4 <i>L</i>	4R ]	)ISE	ASC	Onset and D	
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AN: MEDICAL CERTIFICATIO	resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignific	itions, ediata YING Jury ST	DUE TO  DUE TO  OUE TO	(OR AS A	CONSEC	QUENCE OF):	the underlyl	ing cause given in	n Pert I	24a. WAS A PERFC	N AUTOPSY PRMED?		Onset and D  MonTh  MonTh  were autopsy Find  AMALABLE PRIOR TO  COMPLETION OF CAU  OF DEATH?	
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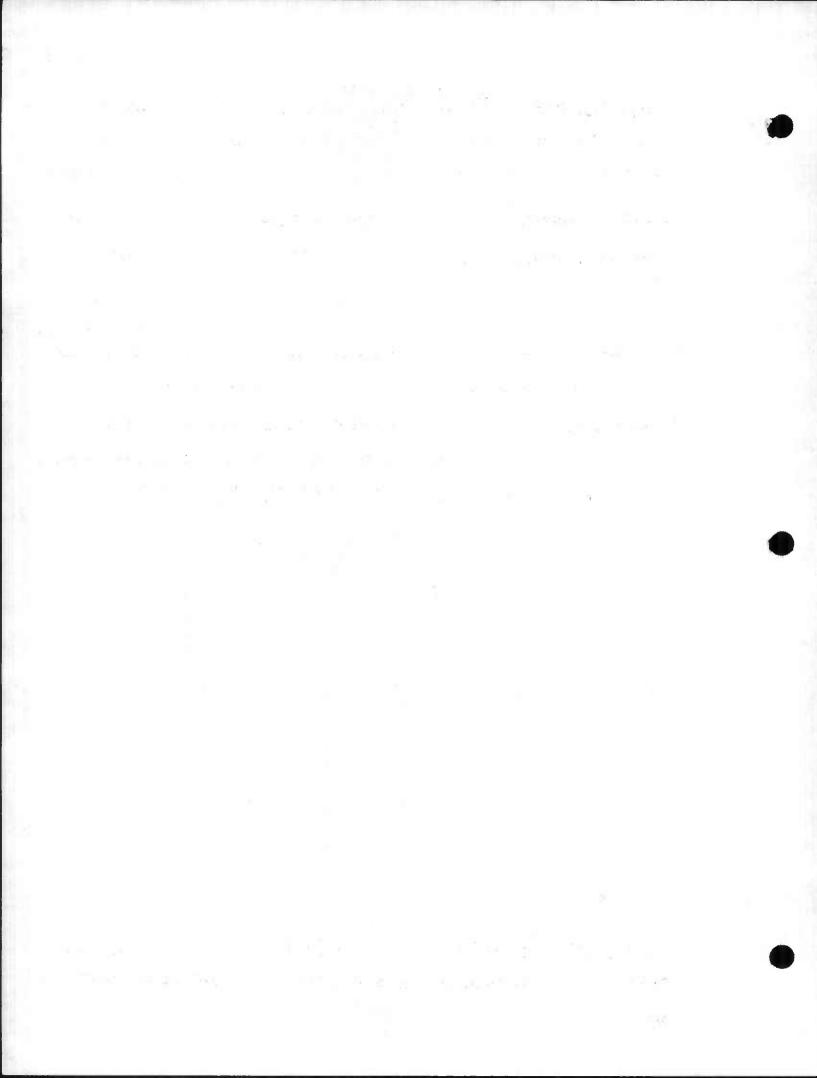


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State of Maryland / Department of Health and Mental Hygiene 96 09 197

				,	Certifica	ate of			Reg. No.	U	2121	
Physic /Medi		1. Decedent's Nama (First, Middle, Last) PAULINE	= JA	e Jane	e Stillwe STIL	LWE	ELL	2. Data of Dea Month March	Day 19	Yaar 996	3. Tima of Deat 2:45 p	
Exami	er	4a. Facility Nama (If not institution, give s Residence: 126 Sunn	CALC. ST. C. C. C. C. C. C. C. C. C. C. C. C. C.				4b. City, Town, or					
		5. Social Security Number 6. Sax		e a (In yrs. las	et hirthday) If Und	lar 1 Yeer	Rising			Cecil	ione /State or For	raian
Funeral Director		212-26-1102 1 Dusuet Rasidance of Decedant	8. Data of Birt (Month, Da Aug. 2	, 1930	Count	ace (State or For try) aryland	oign					
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23 e c	al D	505 Congress Avenue	e, Apt. 2	10			21078		U.	S.A.		
ore, Maryland 21215-0020 es 1 end 2 should be filed within 72 hours effer death with the Manyland of Heelth and Meniel hygiene. If flem 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be nutified at	by Funeral Director		2. Wes Dacedant E Armed Forces? 1 ☐ Yes 2 2 1 If Yes, Give Yaar or Dates:	Evar In U,S.		edant of Hoecify Cub Ż∏{No	Hispanic Origin? (Sen, Maxican, Puar Specify:	Specify Yes or No- to Rican, etc.)	No-  14. Rece - Amarican Indian, Bleck, Whita, etc.  Specify: White			
21215-0020 d within 72 hours ef glene. rr than "netural", or the Medical Exami	Completed	15. Decedent's Educ (Specify only highast grade	ation complated) Coilega (1-4or 5	+)	16a. Decedent's Us (Giva kind of a lifa. DO NOT	suel Occup vork done usa retire	pation during most of wo d)	rking			lustry rse Asso	c.
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ecords, P.O. Box 68760, law requires that the death certificate be executed as been signed by the ettending physician and 2 should be detached for use as the burial-fransit	fedical Examiner	Sequantially list conditions, if eny, leading to immediate cause. Entar Undarlying Causa (Disease or injury that hitiated avants rasuiting in deeth) Lest		Dua to (or a:	s a consequence of	1):	ETAS	TASI	5	1	3 YEAR	2
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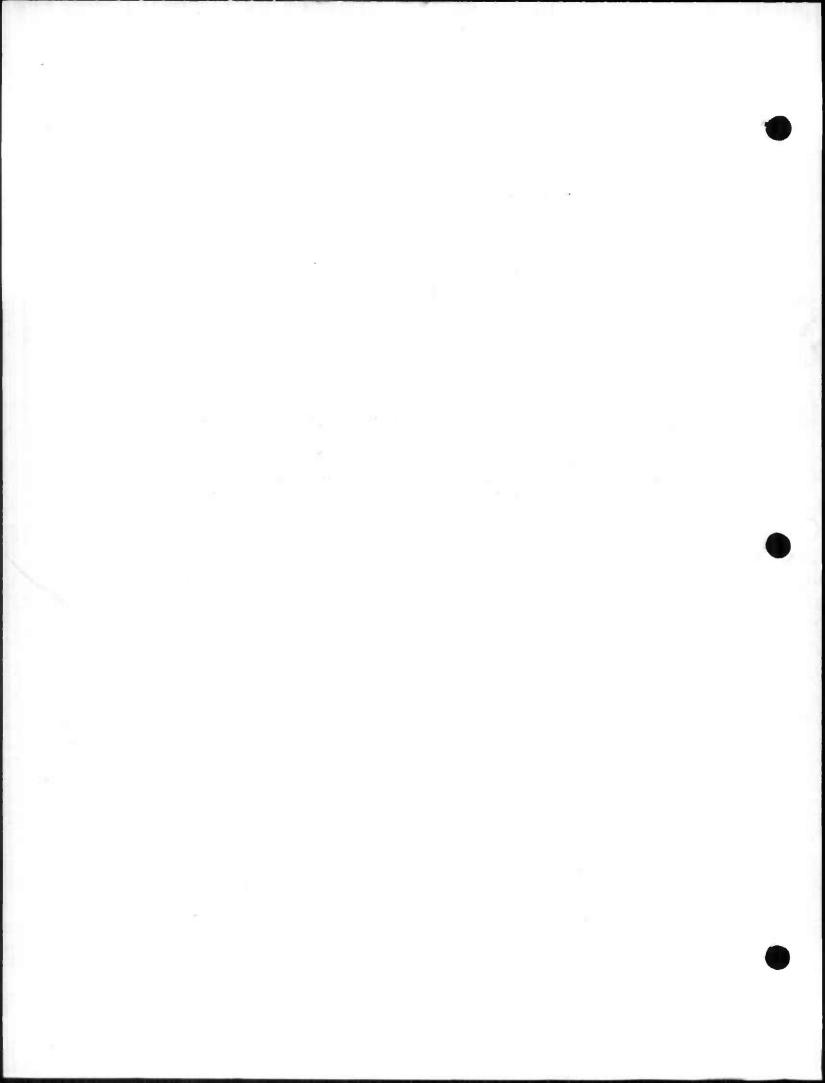
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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page he filed within 72 hours, after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)				2.	2. DATE OF CEATH 3. TIME OF DEATN			
	Francis	Gwynn	Swann, Sr.			March 16, 1996		5:25 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HF			DATE OF BIRTH	8. 8	BIRTHPLACE (State or Foreign	
FUNERAL DIRECTOR	215-36-3447		91 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Dec 11, 19		Maryland	
				· ·				Mary's	
							10d. INSIDE CITY		
	Maryland St. Mary's Chaptico							LIMITS? 1 YES 2 X NO	
	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
	Rt. 238, Notley Hall Road			20621			U.S.	. A.	
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. AR FORCES?  1 VES  2 XI								
	1 Never Married 2 Married	2 tv NO If yes, specify Cuban, Mexi TES 1 □ YES 2 tv NO Spe					Black, White, etc. Specify:		
ВУ	3 Widowed 4 Divorced				Whit		Specify: White		
COMPLETED	15. OECEOENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S U (Give kind of wo	rk done during mo	IN st of working	16b. KIND OF BUS	SINESS/INDUST	'RY	
	Elamentary/Secondary (0-12)	College (1-4 or 5+)	lite. Do NOT use	· ·	2000				
	11th Grade	Farmer			Farm				
	17. FATHER'S NAME (First, Middle, Last)		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		18. MOTNER'S NAME	(First, Middle, Maiden			
8	Frank				Fannie			Garner	
2	19s. INFORMANT'S NAME (TyperPrint)  19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							de)	
	Francis G. Swann, Jr. Rt. 242, Box 30, Bushwood, MD 20618								
	20a. METHOD OF DISPOSITION 1 → Burlel 2 □ Cremation 3 □ Rem	ioval from Statu Cel	b. PLACE AND OATE OF metery, crematory or oth	OISPOSITION (Na er place)	ma of			or Town, Stata	
	4 Donation 5 Other (Specify) Sacred Heart Cemetery 3/20/1996 Bushwood, MD								
	21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A.								
	Muchael 9	Dardine	2	P.O. 1	30x 270, L	eonardto	wn, Mai	ryland 20650	
ATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallurs. List only one cause on each line.  Approximate interval Between								
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Cendizing to (or as a consequence of):  Sequentially list conditions, If any leading to immediate to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):						5 mg		
	TO (OR AS A CONSEQUENCE OF):								
	Sequentially list conditions, b. Charles of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the							73e 6 485.	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in dasth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d						1		
SE									
E									
S	d								
AL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?						24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
20	Demen				1 YES 2 NO		COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC						_	,	1 _ YES 2 _ NO	
ż	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO UNCERTAIN								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER								
Š	1 TES 2 NO	1   Inputlant 2   ER/Out	tpetlent 3 DOA	OTHER: 4 Nursing Hon	a 5 🗆 Residence 6	Other (Specify)			
F	27, MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT 21	Bd. DESCRIBE NOW I	NJURY OCCUR	EO	
B	1 Netural 5 Pending 2 Accident Investigation  M 1 YES 2 NO								
	3 Suicide 6 Could not be 26a. PLACE OF INJURY — At home, larm, st building, etc. (Specify)			ree1, factory, offic	factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Rural Route Number,	
COMPLETED	4 Homicide determined								
7	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
M	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilms, data and place, and due to the cause(s) and menner as stated.								
	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)								
BE	Lun (1) en (e (1) 000506 > 3/18/96								
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 2D Type, Print)								
	Leon Berube, M.D. Mechanicsville, Maryland 20659								
	21 DATE EN ED Month Day Mad								
	MAR 1 8 1996	your armines							
		V.							



	DIVISION OF VITAL RECORDS, P.O. BOX 68760 💽 BALTIMORE, MARYLAND 21215-0020	HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal.	
i	DIVIS	AL OR ATTEN	AL DIRECTOR: 7 hours after	

5 +1VA

30. NAME AND ADDRESS OF PERSON WHO CO David Gar-El 31. DATE FILED (MONTH, Day, Year) MAR 11 1996

ETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death of the sequence of injurity that initieted events resulting in death) LAST  PART II. 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TED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLY list in the light cause or injurt that initieted events resulting in death) LAST  PART II. Other algnifices  DID TOBACCO US  EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Netural 5 II  2 Accident 3 Suicide 8 II	a.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  Itions, diate ing c.  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	15. DEC	CEDENT'S EDUCA	TION	VWII 180. 0	ECEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF BU	ISINESS/INDU		White
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FUNERAL	1881 Tele		Rd.	T EVED IN II C A	SMED	42 445 50	21911			SA	
	10e. STREET AND NUMBER						IOT. ZIP CODE		10g. CITIZE		COUNTRY?
E I	MD	10b. COUNTY	i ]			r town on Loc Rising				100	I. INSIDE CITY LIMITS?
	Calvert	CEDENT	Nursi	ng Hom			g Sun		Ce	cil	
4.0	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF									н	
	111-14-981	10	X-X M 2 - F	90	YRS.	MONTHS DAYS		1-6-19	06 B	uffa	10, NY
l ŀ	4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	07	96	CE (State or Fore
i.	1. DECEDENT'S NAME (First,		, 1		7				DAY	VEAR	TIME OF DEATH
1	FOR STATE REGISTRAR		STATE OF N	C	ERTIF	CATE O	F DEATH	REG. NO	0.		

MPLETEO CAUSE OF OEATH (ITEM 27) (Typo, Print)

MD 3 Mauldin Ave

32. REGISTRAR'S SIGNATURE

Whi Shuthan-Rardall

Northeast

MD 21901

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THE HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within Flours after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MDORTANT: Hisem 28 is marked or Hem 23 shows any injury or other traumatic event, the medical examiner must be notified at once
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오	3	Wife	TTAIL
王	岩	filed	POE
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1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF			ENTAL HYGIEN REG. NO.			
1. DECEDENT'S NAME (First, Middle,	Lest)					DATE OF DEATH		VE45	3. TIME OF DEATH
Anna Hardt Sc	hwarze				М	larch	3	1996	17:42 N
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24		(Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign
152-03-6897	1 🗌 M 2 🔀 F	88 YRS.	MONTHS DAYS	HOURS	MIN. Ma	irch 22,	1907		Jersey
9a. FACILITY NAME (If not institution	give street end number)		9b. CITY, TOWN	OR LOCATION				NTY OF D	
Union Hospita	1 of Cecil Cou	inty	E1k	ton			Cec	il	
RESIDENCE OF DECEDER	OUNTY		Y, TOWN OR LOCA	TION					
Wa1 1		100. 01							10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Cecil		Elkton	of, ZIP CODE			10- CIT	1754 05 4	1 YES 2 NO
1 Price Drive	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S				921	ORIGIN? (Specify Yes			States
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCECO A V	8 2 X NO	If yes, s		Mexicen, I	Puerto Rican, atc.)	or No		- American Indian, White, elc. by: White
15, DECEDENT			USUAL OCCUPAT			16b. KIND OF BUS	SINESS/INI	DUSTRY	
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)  6  17. FATHER'S NAME (First, Middle, Li	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)					Notebook	c/Led	ger	
6							ture		
						(First, Middle, Maiden	Surname)		
(Unknown) Har	dt			Mill	ie K	otch			
19e. INFORMANT'S NAME (Type/Prin	1)	19b. MAILING	O ADDRESS (Street	and Number of	r Rurel Rou	ite Number, City or Tow	n, Stete, Zij	o Code)	
Lois Brawley						h East, N	ID 21	901	
20e. METHOD OF DISPOSITION  1 1 Burlet 2 Cremetton 3 C  4 Donellon 8 Other (Specific	Removal from State	other place)					CATION —		
21. SIONATURE OF FUNERAL 15	ICE LICENSES ?	Rosedale		AND ADDRESS			den,	New	Jersey
Na sc	1/1- 5		Crouc	h Fune	ral				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CHUNU DUE TO (OR A DUE TO (OR A C. ANDEM!)	S A CONSEQUENCE C	The CA	BISE	MCC.	ican or	SEH	Z'.	Onset and Deat
resulting in deeth) LAST  PART II. Other significent con	d	n but not resulting	in the underlyl	ng cause giv	ven in Pa	PERFO	RMED?	24b.	WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHS
	1   YES 2   NO OF DEATH? 1   YES 2   N								
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		26.1	PLACE OF DEA	ATH (Check	conly one)			
1 TYES 2 NO	1 Inpatient 2 ER/C					Other (Specify)			
27. MANNER OF DEATH  1 Natural 8 Pendin			JURY	YES 2		84. DESCRIBE HOW	INJURY OC	CURED	
3 Suicide 8 Could	2 Accident Investigation 3 Suicide 8 Cauld not be 28e. PLACE OF INJURY — All houliding, etc. (Specify)				2	281, LOCATION (Street end Number or Rural Route Number, City or Town, State)			
29a. CERTIFIER 1 CERTIFYING (Check only one) 2 MEDICAL EX	PHYSICIAN: To the best of my kr (AMINER: On the basis of exemina								) and manner as stated.
296. SIGNATURE AND TITLE OF CE	RTIFIER			29c. LICEN	SE NUMBI	ER	29d, DAT	TE SIONED	(Month, Day, Year)
gelmore.	and.			00	74	63	•	3/ 6	746.
30. Notice and address of pers Rolando Najera				on M	D 2	1921		-	
31. DATE FILED (Marith, Day, Mari) 7	100C 32. REGISTRAR'S S	GNATURE CLION-RANGALI	CC, LIK	Jon's FL	2	1741			
MAK U /	1330 Julia dans	Whon-Rardall							

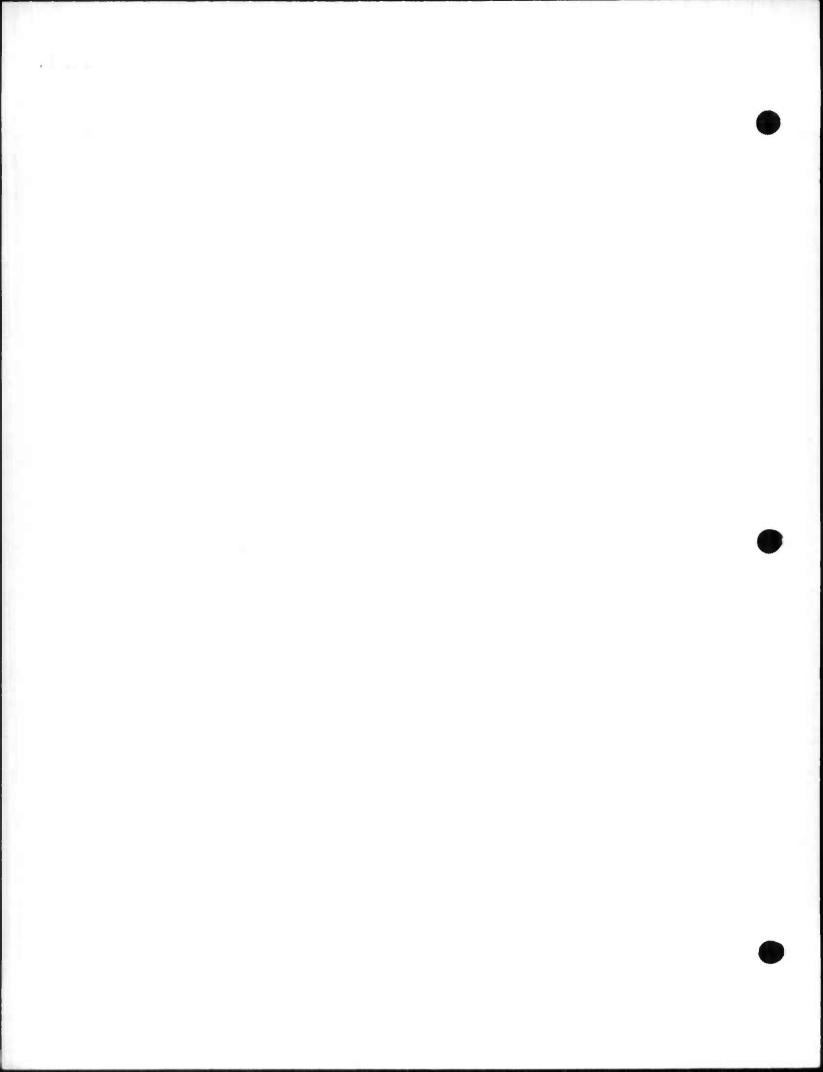
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		PARTMENT 0		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	A: (D) A)	-	C12~	2 2	2. DATE OF DEATH		3. TIME OF DEATH			
	KATELYN 1			SWE				96 1:40 P M			
	220-45-1704	1 M 2 D F	(in yrs. lest birth	RS. HONTHS DA		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give a	21			WN OR LOCATION OF DE	Jan 30, 1	aryland of DEATH				
8	MD Route 495 at 1	Legeer Rd.		Bitt	inger		Garret				
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		[10.	c. CITY, TOWN OR LI			parie				
DIRECTOR	Maryland Garr			rantsvil				10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	1 TYES 2 NO			
FUNERAL	751 Legeer Road		USA								
5	11. MARITAL STATUS  1 X Never Married 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES	2 XNO	It yes	DECENDENT OF HISPAN , specify Cuban, Mexican	n, Puerto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, atc.			
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	10	YES 2 NO Specify		wh	Specify:			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDE	NT'S USUAL OCCUP	PATION a most of working	16b. KIND OF BU					
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIII. DO N	Of use reared.)		U 155					
NO N	17. FATHER'S NAME (First, Middle, Lest)		infai	nt	18 MOTHER'S NAM	infant ME (First, Middle, Meiden	Sumamal				
BEC	Theodore Sweitzer	r			1000 N S S S S S S S S S S S S S S S S S	Warnick	our reiney				
10 8	19a. INFORMANT'S NAME (Type/Print)				set and Number or Rural R	loute Number, City or Tow		de)			
	Theodore Sweitzer				Rd., Grant	tsville, M	D 215	36			
	20e. METHOD OF DISPOSITION  13 Burlel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  DATE 20c. LOCATION — City or Town, State										
	4 Donation 6 Other (Specify) Grantsville Cem. Mar. 14, 96 Grantsville, MD 21. BIGNATURE OF FUNERAL SERVICE LICENSEE										
	Newman Funeral Homes, P.A., P.O. Box 275										
	23. PART I. Enter the diseases, or o	complications that ceuse	d the deeth.	Do not enter the	Miller St.	Grantsv	ratory arrest	MD 21536 Approximate			
	IMMEDIATE CAUSE (Finel	List only one cause on a	ech line.					Interval Between Onset and Death			
	disease or condition resulting in death)	a. Houd	TR	MACA	1A (Ma	ssive)		Sudden			
	_	DUE TO (OR AS /	A CONSEQUENCE	CE OF):	$n_{i}$			Cidden			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS /	A CONSEQUENCE	CE OF):	129			3000011			
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c			<u> </u>						
Ë	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENC	CE OF):							
CE		d									
18	PART II. Other aignificent condition	es contributing to deeth b	out not result	ing in the underl	ying ceuse given in f	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
MEDICAL						1 YES 2	NO	OF DEATH?			
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	OF DEATH	YES NO	UNCERTAIN			1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		DEATH (Check only o							
IXSI	1 SLYES 2 NO	1 Inpetient 2 ER/Outp			Home 5 - Residence (	Other (Specify)	Zood.	3495			
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	G/ /	INJURY	INJURY AT WORK?  YES 2 X NO	CHILDS SH	HOU CD				
) BY	2 Accident Investigation 3 Suicide 6 Could not be	280. PLACE OF INJURY	— At home, fa	rm, street, fectory, o		261. LOCATION (Street of	By TI	LUCK-BODYSTEL			
TED	4 Homicide determined	building, stc. (Spec	21			4/95 at (4	GOOF	ed carest			
COMPLET		CIAN: To the best of my know									
Ö	2 MEDICAL EXAMINE	R: On the beele of examination	n end/or investi	igation, in my opinio	n, death occured at the t	time, date end place, en	d due to the ce	use(s) and menner es stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	the M	a m	of Ki	29c. LICENSE NUM	DER U	29d. DATE SIG	NED (Month) Day, Year)			
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH OTEM 27	The Brief	no 1, 20	17	- 3	14146			
2		A COMLFELED MUSE OF DE									
۲	Paul Daniel Mille				aryland Hwy	y, Suite 6	, Oakl	and, MD 21550			
2)			Med Ex		aryland Hwy	y, Suite 6	, Oakl	and, MD 21550			



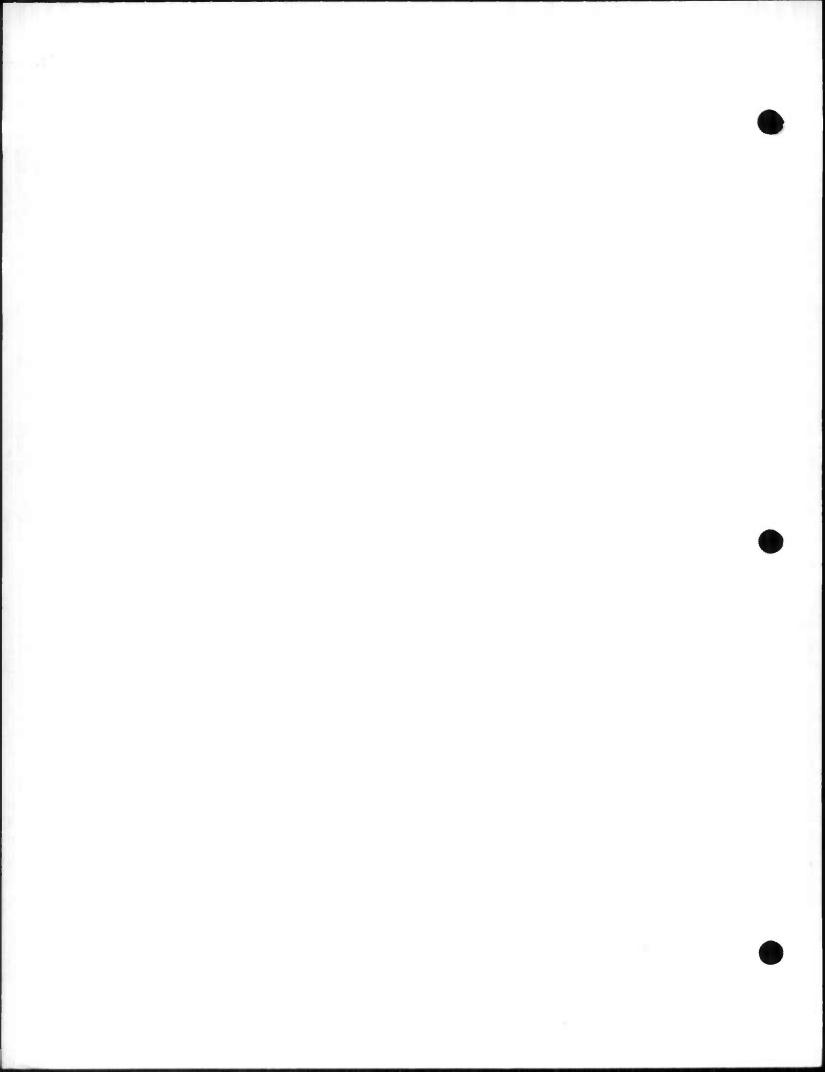
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-trans. DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFI	CATE C	F DEATH	REG	. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM EDWARD	SWARTZ IV			T(E)	2. DATE OF OEA	тн	YEAR	TIME OF DEATH 9:00 A N		
	4. SOCIAL SECURITY NUMBER 233-13-6010	1X M 2 □ F 3	BE (In yrs. last birthday) 32 YRS.	IF UNDER 1 YEA		7. DATE OF BIRT (Month, Day, W JUNE 14	sar)	Country)	WV		
TOR	9a. FACILITY NAME (If not institution, give street and number)  GARRETT COUNTY MEMORIAL HOSPITAL  OAKLAND  GARRETT  GARRETT										
DIRECTOR	10a, STATE 10b. COUNT	CKER	10c. CITY	PARS				27	d. INSIDE CITY LIMITS?  X) YES 2 7 NO		
ERAL	104. STREET AND NUMBER  101. JAMESON AVENUE  102. CITIZEN OF WHAT  103. CITIZEN OF WHAT  104. STREET AND NUMBER  105. ZIP CODE  106. STREET AND NUMBER  107. ZIP CODE  108. CITIZEN OF WHAT  USA										
BY FUNI	11. MARITAL STATUS  1 \( \bigcap \) Never Married 2 \( \bigcap \) Merried  3 \( \bigcap \) Widowed 4 \( \bigcap \) Divorced	12. WAS DECEOENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 1 NO	If yes	DECENDENT OF HISPAI , specify Cuben, Mexica YES 2 NO Specifi	in, Puerto Rican, et		Bleck, WI	American Indian, hite, etc.		
TED	15. DECEDENT'S EDI (Specify only highest grad		16a. OECEDENT'S I	ork done during	ATION most of working	16b. KINO 0	F BUSINESS/INDU				
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ACCOUN			ACC	OUNTING				
_	17. FATHER'S NAME (First, Middle, Last) WILLIAM EDWARD SV	JART7 III				ME (First, Middle, M					
) BE	190. INFORMANT'S NAME (Type/Print)	WINTED III	19b. MAILING	ADDRESS (Stre	set and Number or Rural i	Route Number, City o	or Town, State, Zip C	iode)			
5	MARY E. SWARTZ			AMESON	AVE. PAR	RSONS, W	V 26287				
	20a, METHOD OF DISPOSITION  1  Burlet 2  Cremation 3 Ren 4  Donation 5 Other (Specify)		ob. Place and date of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of		(Name of	1	MORGANTO				
	21. SIGNATURE OF TUNERAL SERVICE LI			_	E ANO ADDRESS OF FA	CH FTV	P.O. BOX		•		
	Keluit Y40	Dunt	M00167		T FUNERAL	HOME -	OAKLAND,	MD 2	1550		
	IMMEDIATE CAUSE (Finel	lvanced Acqu	ired Immun	ne Def			reapiratory arrea	it,	Approximate Interval Between Onset and Death 1992		
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
DICAL	PART II. Other significent condition	ns contributing to death	but not resulting in	the underly	ying cause given in	PE	IS AN AUTOPSY REFORMED? ES 2 NO	CON	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
. ME	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH YES	S $\square$ NO	M LINICEDTAIN		, -	10	YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	l (Check only &							
PHYSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Ou	rtpatient 3 DOA		fome 5 Residence						
BY P	1 Natural 5 Pending Investigation	(Month, Day, Year)		RY	WORK?	28d. OEŞCHIBE H	IOW INJURY OCCUI	RED			
ETED E	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, ferm, st pecify)	reet, factory, o	ffice	28f. LOCATION (S City or Town,	treet and Number or State)	Rural Route	Number,		
COMPLI		ER: On the best of my kno							I menner ee atated.		
O BE C	29b. SKINATORE AND TITLE OF CERTIFIE	* a Ko	ain 1	D	29c. LICENSE NUN D26650				11th, Day, Year)		
	Margaret A. Kai	ser, M.D.	PO Box 486		and, MD 2	1550					
	31. DATE FILED (Month, Day, Year) MAR 1 5 1996	32, REGISTRAR'S SIG			, &						

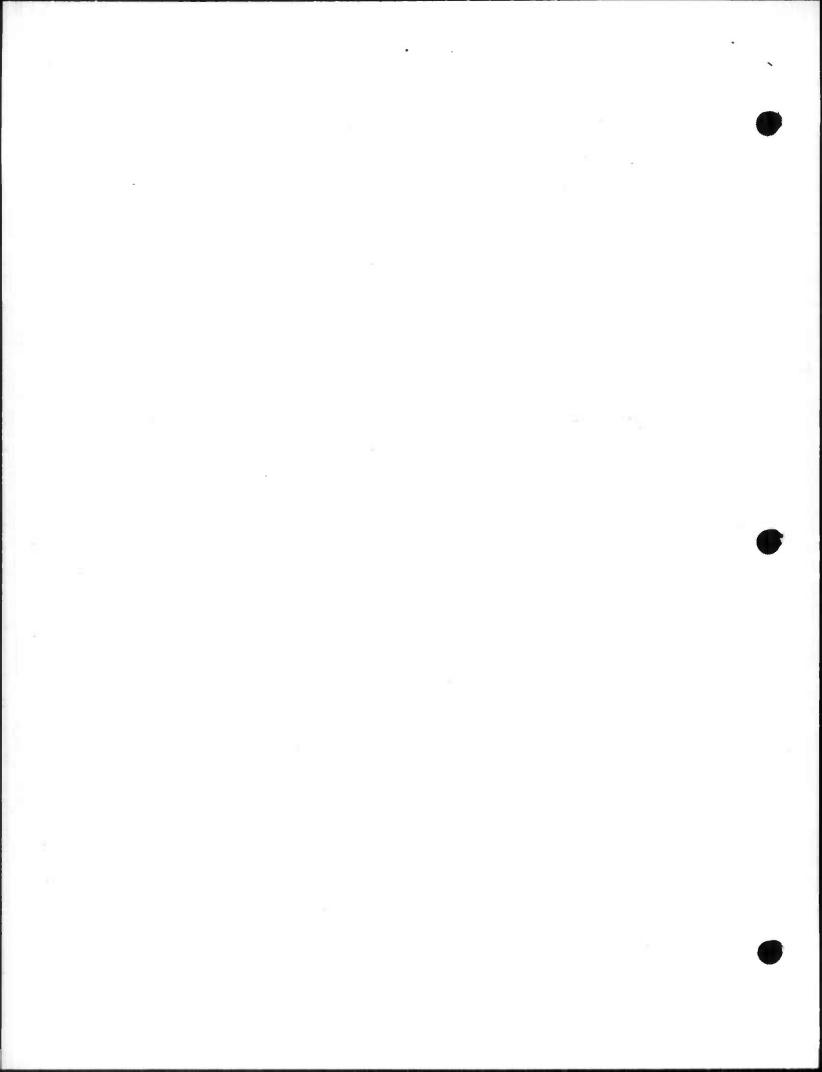


# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	als certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Mental Hygiene phor to bunal, cremation, or removal.	jury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	R: After ti	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REGISTRAR									
	1. OECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH
	Elizabeth	Hurley	S	ick		Mar	-	1,199	6	4: A. M
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTH			LACE (State or Foreign
	218-16-9459		4 YRS.	MONTHS DAYS	HOURS MIN.	12/	23/2]	L	Ma	ryland
m .	9e. FACILITY NAME (If not institution, give st				R LOCATION OF D			9c. COUNTY		
5	300 Bay Stree	<u> </u>		Sn	ow Hill			WO	rce	ester
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TON					10d. INSIDE CITY
	Md. Word	cester		Snow	Hill				_ []	LIMITS?
3AL	100. STREET AND NUMBER 300 BAy Stre	o.t.		101	ZIP CODE		10g. CITIZEN OF WHAT COUNTE			
FUNERAL						863			U.	S.A.
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 <b>X</b> NO	13. WAS DEC	ENCENT OF HISPA	NIC ORIGINT	(Specify Yes ican, etc.)	or No — 14.	RACE - Black,	- American Indian, White, atc.
В	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specif	fy:			Specify	
ED	15. DECEDENT'S EDUC	ATION	16e. DECEDENT'S U	SUAL OCCUPATION	ON	16b.	KIND OF BUS	INESS/INDUS	TRY	white
Ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo- retired.)	st of working					
COMPLETED	Homemaker Own Home									
8	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)									
BE	Robert Hurley  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
2	Charles Pennewe	11	33032	Deach	Orchar	Aoute Number	or, City or Town	State, Zip Co.	50) Oke	ъм.
	20s. METHOD OF DISPOSITION	206	PLACE AND DATE OF			DATE		ATION — City		
	1 X Buriel 2 Cremetion 3 Remo	wal trom State Cem	etery, cremetory or other akemie	Preshy	terian	1		ow Hi		
	21. SIGNATURE OF FUNERAL SERVICE LICE		1	22. NAME AN	D ADDRESS OF FA	CILITY				
	+ fothing	of Allen	MIA		nnis Fu					13 01060
	23. PART I. Enter the diseases, or c	omplications that caused	I the deeth. Do no	t enter the mo	de of dying, suc	ch aa cerdi	ec or respir	TITIL	, [1]	Approximate
	ahock, or heart fellure. L	List Dnly Dne ceuse Dn e	ech Ilne.						,	Interval Between Onset and Death
	disease or condition resulting in death) a. CON 4 ESTINE HEART PAILURE									1 mm Th
		Illing In death)  a. CON 4 ESTINE HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):								
NO	Sequentially list conditions,  Due TO (OR AS A CONSCOURAGE OF):  Due TO (OR AS A CONSCOURAGE OF):									
ATI	any, resulting to introduce									10404
임	CAUSE (Disease Dr Injury that initiated events	DUE TO (DR AS A	CONSEQUENCE OF):	5m1139,	21111					109P1
CERTIFICATION	resulting in death) LAST									
LCE	PART II. Other significent conditions	contribution to death h	ut not regulting in	the undeduction	anne elizza la	D- 41				
CAL	PREVIOUS MYDEA			the underlying	ceuse given in	Part I.	24a. WAS AN A PERFORM		A	VERE AUTOPSY FINDINGS
MEDICA	HYPOTHY ROID DI		NG / )/W			-	1 YES 2	NO.	٥	OF DEATH?
Σ	DID TOBACCO USE CONTR		F DEATH YES	NO [	UNCERTAII	N [			1	YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH		OITCERIAII					
PHYSICIAN:	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp		OTHER:	5 K Residence	6 Other	(Specify)			
F	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJU	JRY AT			JURY OCCUR	ED	
BY	1 Netural 5 Pending 2 Accident Investigation			M 1 7						
								d Number or F	lural Roc	ute Number,
MPL		CIAN: To the best of my knowl								
COMPLETED	2 MEDICAL EXAMINER	R: On the basis of examination	end/or investigation,	In my opinion, de	eath occured at the	time, date e	nd place, end	due to the ce	use(s) a	and menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1 n.			29c. LICENSE NUI	-	4. 4			forth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF THE	TH OTEM AT AT	- Indiana	20384		IN D			-96
	ROBERT C	la man	Mp. 1041	V, RAS	a C	12.	, Ma	4041		218/2
10	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	THE	" 1717	M/ )7424	VIPI	-2.11	17 19 14	my	21803
	MAR 1 5 1996	Jalia Studior	Rarball							

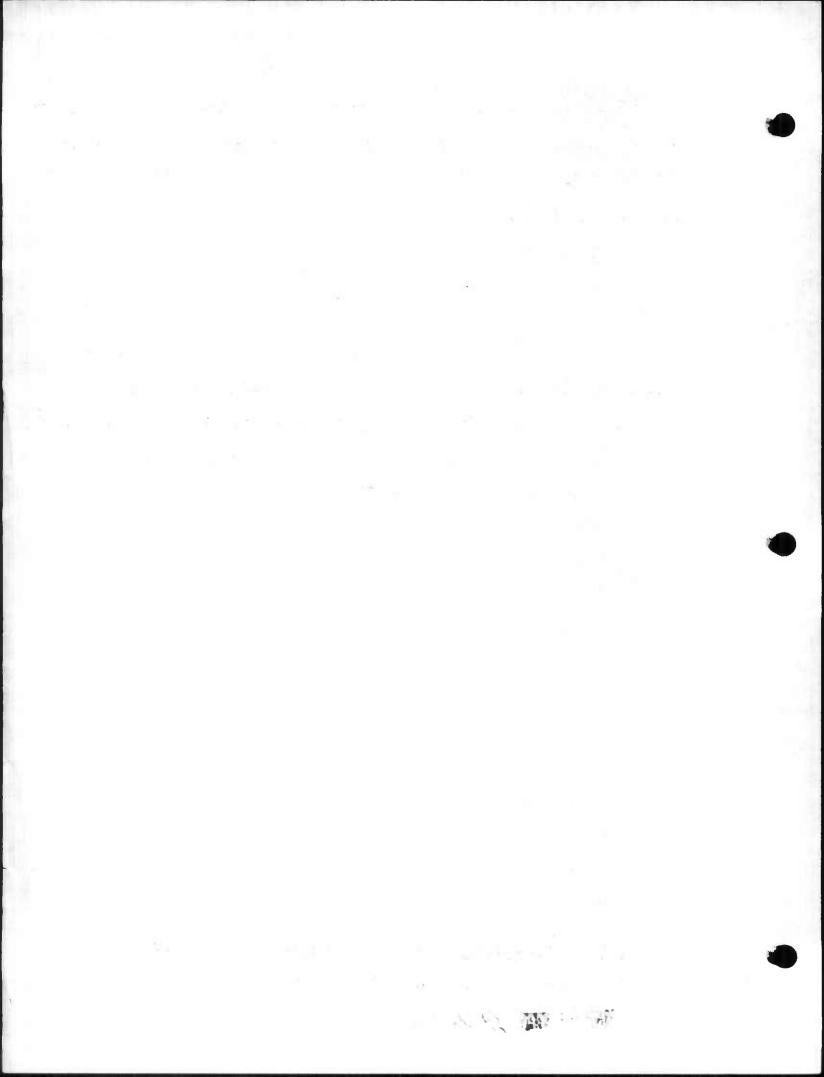


# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 09204

				Certificate of	of Death	R	leg. No.					
	1. Decedent's Neme (First, Middle, L.	ast)	-			2. Date of Dea	th		3. Time of Death			
sician		Daniel	Bruce	s Smou	.se	Month	2, 199	Year	1:37 PM			
edical miner	4a. Facility Neme (If not institution, gi		131 426			Location of Death	4c. County		1 2.01 11			
miner	III Committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the co	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	1100	2.4-1					1 1-			
	Frederick No. 5. Social Security Number 6.	Sex 7. Age	(In ure last hirt	hotaul If Under 1 Y	Freder ear If Under 24 Hr	S. O Date of Birth	Fr	POPU	1/0/-			
ral		. m		rs. Months De	eys Houra Mir	8. Dete of Birth (Month, Day May 4	Year)	Gour	place (State or Fore			
or	214-74-1574 Usuel Residence of Decedent		40			May 4	1755	N	arylan			
	10a. State 10b. County		10c. City, Town	or Location				- 1	Od. inside City Lim			
2	,								1 ☑ Yes 2 □ I			
octo	Maryland Fred	POICE	Fre	Derick					12 165 201			
ai Director	10e. Street and Number			10f. Zip Cod	de	1	Og. Citizen of \		ntry?			
<u>a</u>	135 Willowd	ale Dr.	A-24	2	1702		45	A				
Funerai	11. Marital Status	12. Was Decedent Ex Armed Forces?	ver in U,S.	13. Wes Decedent	of Hispanic Origin? ( Cuban, Mexican, Pue	Specify Yes or No-	14. Rac		can Indien,			
	1 Never Married 2 ☐ Married	1 Yes 2 No	5			nto Hican, etc.)		ck, White,				
by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1 ☐ Yes 2 ☐	No Specify:		Specify	· W	hite			
8	15. Decedent'a E	ducation	16a.	Decedent's Usual Oc	ecupation		16b. Kind of Br	usiness/In	dustry			
Completed	(Specify only highest gr	rade completed)		(Give kind of work do	one during most of watered)	orking			out, y			
E	Elementary/Secondary (0-12)	College (1-4or 5+	)	clark			TNIC	-1100	TNCO			
ŏ	17. Father's Name (First, Middle, Las	el .		CITIA	1	ame (First, Middle, I			770 C C			
å		•										
P	Daniel Br	uce 7m				llie B		£				
	19a. informant's Name/Relationship		19b.	Malling Address (St.	reet end Number or F	Rurel Route Number	r, City or Town,	State, Zip	(Code) 2/7			
	Nancy Smou	50/51576	13	5 Will	owdale	Dr. A-	24 F1	Poppe	rick, m			
	20a. Method of Disposition		20b. Place of	Disposition (Name o	pleca) e matory	Date	20c. Location -	Cify or To	own, State			
	1 ☐ Burlei 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Cont	Removal from State	Doct !	, crematory or other	preca)	3-4-96	Enala	nint	- maryk			
			KP5/ M	acer CI	e wayory	.0/	TROPI	7.767	-, -, -, -,			
SUCE.	21. Signeture of Funeral Service Licensee  22. Name end Address of Facility: Leasure - Stein, Twc. 230 Bat. Cumberland, Md. 21502											
"	Trul a.	luly of,		cumh	puland	had	2150	2				
	23a. Part1. Enter the disease, or con ahock, or heart teilure. List only	nplications that caused the	he deeth. Do n	ot enter the mode of	dylng, such as cardio	ac or respiratory arr	est,	-	Approximate			
n	aron, or roun tollars. Elst only	One cause on each line	,					1	interval Between Onset and Death			
ıl	tmmediate Cause (Finei	C			D. C.			į.				
	diseese or condition resulting in death)				BUFFD	11/6			Immediate			
10		D	ue to (or as e c	onsequence of):								
듣		b. H. I.	V.					i	9 Years			
Examiner	Sequentially list conditions,	D	ue to (or as a c	onsequence of);								
<u> </u>	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events							-				
edicai	that initiated events resulting in death) Last	Di	ue to (or es e co	onsequenca of):								
Mec								1				
		d										
C	Part II. Other significant conditions	contribution to death but	not requising in	the underlying equa-	shoot basel	non Did a		- Andhusa As				
Physician	Turni other argumount conditions	contributing to death but	not resulting in	the underlying cause	given in Part I.				the cause of dear			
						1 Y	es 2/2 No	3 Pro	bably 4 Unknown			
d by						04-144-15		245 144	era autopsy finding			
ě						24a. Wes a perform	med?	av	allable prior to mpletion of cause			
Completed								of	death?			
5						1 🗆 Ye	95 2 No	10	Yes 2□ No			
86	25. Wea case reterred to medical				26. Place of Dr	eath (Check only on	ne)					
0	examiner?	Hospitei:	2 ☐ ER/Out	patient 3 DOA	Other	Home 5 ☐ Reside		er /Specif	641			
F :	27. Manner of Death	28a. Date of Injury	28b. Ti			28d. Describe he			y)			
흲	1 Netural 5 Pending investigation	(Month, Day	Year) in	jury	njury at Work? 1 □ Yes 2 □ No							
Certification:	2 Accident investigation 3 Suicide 6 Could not be	00				2011 11 10	OILLY INC.					
ŧ	4 ☐ Homicide determined	building, etc.	y - At home, ter <i>(Specify)</i>	m, street, fectory, off	ice	28f. Location (St City or Town	rreet end Numb n, State)	er or Hura	al Houte Number,			
<u>a</u>	29a. Certifier Certifying Pt	hystoten: To the best of	my knowledge,	deeth occurred at th	e time, dete and pied	e, and due to the c	ause(s) and me	nner as s	tated.			
edicai	one) 2 Medical Exam	miner: On the basis of e and menner stete	xaminetion and ed.	or Investigation, in n	ny opinion, death occ	urred at the time, d	ate and place,	and due to	the cause(s)			
Σ	29b. Signeture and title of certifier			29c. Lic	ense number	2	9d. Date signe	d (Month,	Day, Year)			
		600 1 1/	15.4.4	7	47611		3/2/	91				
	· WWW V.W	on and a	~ mi		77011		-1-1	1,10				
	30. Neme end eddress of person who	completed cause of dea	ith (item 23a) (7	Type, Print)	Hand F							
	NEIL MARANDERA	C MD 147	1 And	RY AUR.	- CO4 , t	NED PULL	MD	21	702			

DHMH 16 Rev 6/95

Registrar



ed by the hospital or attending physician. uld be detached for use as the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

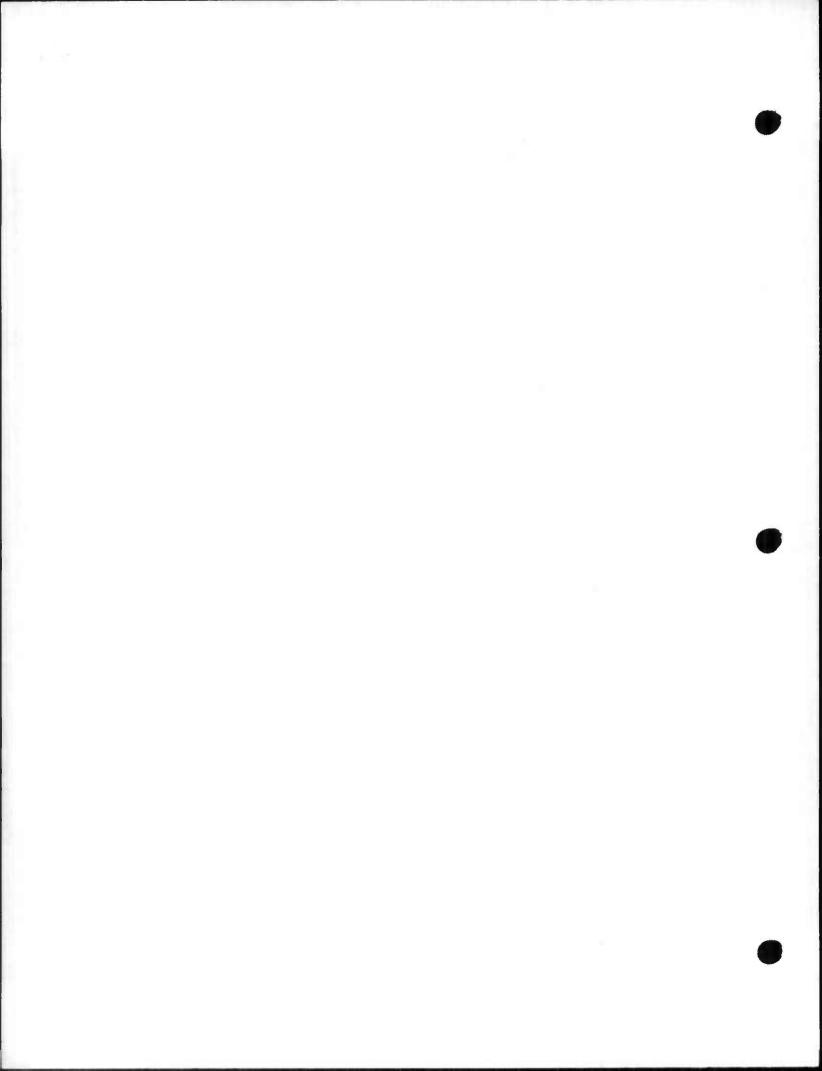
1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing 4 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creention, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other trannantic event, the medical examinar must be northfled at page.	
DING PHYSICIAN: The law requires that the death ce After this certificate has been signed by the attendit death with the State Dept. or Health and Mental Hyy marked. or Item 23 shows any Injury. or p.	
After this certifical death with the St.	
ie Hospital or atteni E Funeral Director: d within 72 hours after Intrant: If them 28 Is	
THE THE	I

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Linst)					2. DATE	OF DEATH	MY 1 0 0 /	YEAR	3. TIME OF DEATN	
	HELEN SACHS SCALETTA  4. SOCIAL SECURITY NUMBER 5. SEX							1996		8:36 AM M	
	4. SOCIAL SECURITY NUMBER  214-07-2335  1 □ M 2XXF	6. AGE (In yrs. les	"	MONTHS DAYS MOUNTS AND (Month, Day, Year)					8. BIRTNPLACE (State or Foreign Country) W. VA.		
	9e. FACILITY NAME (If not institution, give street and number)		9b.	CITY, TOW	OR LOCATION OF S				NTY OF E		
DIRECTOR	1 BALTIMORE STREET APT	613		CUMB	ERLAND			ALI	LEGA	NY	
REC	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOC	CATION					10d. INSIDE CITY LIMITS?	
	MARYLAND ALLEGANY		CUMI	BERLA	ND					YES 2 NO	
FUNERAL	100. STREET AND NUMBER		10f. ZIP CODE							WHAT COUNTRY?	
NE	1 BALTIMORE STREET 11. MARITAL STATUS	IT EVER IN U.S. AF			21502				S.A		
BY	1 Never Married 2 Married FORCES?	YES 2XXI	AO IMED	it yes,	ECENDENT OF NISP/ specify Cuben, Mexic ES 2XXNO Spec	an, Puerto	N? (Specify Ye Rican, etc.)	s or No—	14. RAC Blac Spec	E — American Indian, k, White, etc. WHITE	
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DE	CEDENT'S USU	AL OCCUPA	TION	166	. KIND OF BL	SINESS/INC	USTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5	Ma.	Do NOT use red	red.)			HOUSE	' KEEL	orp		
MP	10		HOUSE	KLLI.					· LIC		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N						
BE	JESSE SACHS  190. INFORMANT'S NAME (Typo/Print)	10	MAILING ADO	BERR (Care	ODESS		ILLIPS				
유	JOHN SCALETTA				ILLE ROAL					2170%	
- 1	20a. METHOD OF DISPOSITION		AND DATE OF DIS			DAT		CATION -			
	t Buriel 2-Cremation 3 Removal from State 4 Donation 6 Other (Specify)	CUMBER	LAND CH	REMAT	ORY MARCH	1 12			•	D MARYLAND	
	21. MONATURE OF FUNERAL SERVICE LICENSEE	1		22. NAME	AND ADDRESS OF F	ACILITY					
	Dale J. Mount				ITT-ADAMS DECATUR S				ID M.	A DVI A ND	
	23. PART I. Enter the disesses, or complications the	it coused the de	ath. Do not e	nter the n	node of dying, au	ch as cer	diac or resp	iratory an	est,	Approximata	
	iMMEDIATE CAUSE (Fine)	ise on each line	),	1						interval Between Onset and Death	
	disease or condition resulting in death)	ary a	eteris	dis	ease					le Reaus	
	disease or condition resulting in death)  a. Colorary auting disease  Due to (or at a consequence of):  Longestie heart failure  b. Congestie heart failure									embroios	
ON	DIJE TO 100 AS A CONSCOURNER OF										
E	cause. Enter UNDERLYING										
Ë	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
EDICAL	· Cerelssovascilar dise	are;	Porea.	st C	oncer.		PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED			9				1 1 123	QL/Mo		OF DEATH?	
- 1	DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEA	TH YES [	ON	UNCERTAI	XXVI					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLAC	E OF DEATH (C)		0)						
YSI	TXXYES 2 NRELEASED 1 Inputer 2	ER/Outpatient 3		HER: Nursing Ho	ome 5 X Residence	8 🗆 Othe	r (Specify)				
	27. MANNER OF DEATH  XX Natural 5 Pending  280. DATE OF (Month, L.)	INJURY lay, Year)	28b. TIME OF INJURY	28c. II	NJURY AT VORK?	28d. DE	SCRIBE HOW	NJURY OC	CURED		
B	2 Accident Investigation				YES 2 NO						
	3 Suicide 8 Could not be determined 28e. PLACE 6 building.	F INJURY — At ho etc. (Specify)	me, larm, street.	factory, of	ice		ATION (Street or Town, State)		or Rural I	Route Number,	
9	29e. CERTIFIER										
COMPLET	29e. CERTIFIER (Check only one) 1 🖾 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of a									) and maners as stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER			ту ориноп,	T		s and place, e				
B	Hune Strated M.	$\wedge$			29c. LICENSE NU	34/				(Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (ITE	W 27) (Type, Print)		100	10		l N	1ARCI	1 12, 1996	
					зите мерт	CAT	RIITI DT	NC CI	MPEI	RLAND MD.	
	31. DATE FILED (Month, Day, Year)	ALC PRODUCE G.IA		11611	anto Ment	UAL	DUTTDI	NG CL	TIDEI	MANU MU.	
- 1	MAR 1 3 1996 Aldia Marie	dearhoods	eş .								



### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96 09206

				Cer	tificate o	f Death		Reg. No.			
		Decedant'a Neme (First, Middle, Last)					2. Deta of De		WIE.	3. Time of Death	
	sicia: edica	ARTHUR JAMES	HAFFER				March	13° 1	996	23:59	
	mine	An Foother bloom a Manak handle star when a track a	d number)			4b. City, Town, or			y of Death		
		Washington County Hos	pital			Hagersto	wn	Wash	ningto	on	
Fune	ral	5. Social Security Number 6. Sex	7. Aga (In yrs.	lest birthday)	If Undar 1 Yas Months Day	ar   If Undar 24 Hrs	8. Date of Bi	rth	9 Birtho	leca (State or Foreign	
Direc	tor	579-50-5491 <sup>1</sup> ⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅⋅	F 54	Yrs.	Months Day	s mours will.	Septemb	per 3, 1	941	Maryland	
P .		Usual Rasidence of Decedent  10e. Stete 10b. County	10- 0	. Tour sale							
aryla				ity, Town or Lo					1	0d. Insida City Limits 1 ☐ Yaa 2 ☒ No	
N e M		West Virginia Berkeley	F	alling							
di y	i	10e. Street and Number			10f. Zip Code			10g. Citizen of		try?	
ath v		529 Potomac Drive			2541			U.S.A			
er de		11. Marital Status	Decedent Ever In U d Forcas?	J,S. 13. V	Vas Decedent of Yas, specity Cu	f Hispanic Origin? (S iben, Mexican, Puer	c Origin? (Specify Yas or No- xican, Puerto Rican, etc.)  14. Raca - American India				
ine, Maryland Z1Z15-00Z0  s 1 and 2 should be filed within 72 hours efter death with the Maryland (Health and Mentel Hygiene.  Item 21 is marked other than "natural", or fisms 23e or 28e4 show only traumatic event.		3 ☐ Widowed 4 ☐ Divorced Yaar	as 2.⊠No s, Give or Dataa:	1	□Yes 2⊠N	o Specify:		Specil	ecity: White		
72 h		15. Decedent's Education (Specify only highest grada compla	ted)	16e. Deced	lent's Usuel Occ	upetion ne during most of wo	deina	16b. Kind of Business/Industry			
Z in in in		Eiamantary/Secondery (0-12) College	ge (1-4or 5+)	life. L	OO NOT use reti	red)	, King				
N N N N N		12 years		Mainte	enance E	7		Recyc]		٥.	
		17. Father's Neme (First, Middle, Last)					ma (First, Middle		me)		
arylan should be f and Mentel I marked of	1	Arthur Jacob Shaffer				Mary G	. Librar	ndi			
2 sh and and is m		19e. Informant's Neme/Relationship (Type, Print)				et and Number or R					
1 and 1 Health		Patricia Shaffer / Wif				Drive Fa	lling Wa	aters, W.	V. 25	419	
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Peg ment mrt: I		4 □ Donetion 5 □ Other (Specify)		dar Law	n filem.	Park 3-18	-1996	Hagerst	own, N	Maryland	
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		23a. Part 1. Entar tha disable, or complications the shock, or heart feilura. List only one causa	net caused the deal	th. Do not ante	er the mode of d	ying, such as cardia	c or raspiratory a	rrest,		Approximata	
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death or attended for us	0										
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To the Hospital or Attending Physician: The I within 24 hours effect death. To the Funeral Director: After this certificate he completaly filled in by the funeral director, page	Ba					26. Piaca of De	eth (Check only	one)			
nyaic als ce			□ Inpatient 2	ER/Outpatient	3 DOA	Xther: 4 ☐ Nursing I	foma 5 ☐ Resi	dence 6 🗆 Oti	her (Specify	1)	
or Attending Physician: The effer death.  Director: After this certificate in by the funeral director, pa			ete of Injury Vonth, Day Year)	28b. Time of injury	28c. In	ury at	28d. Describe	how Injury occu	rred		
or: A.	i ta	2 Accident investigation				□Yas 2□No					
Per de	· [5	3 Sulcide 6 Could not be datermined 28e. P	iaca of Injury - At he	oma, farm, stre	et, fectory, offic	0	28f. Location ( City or To	Street and Num.	ber or Rura	Route Number,	
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To the Hospital or within 24 hours efte To the Funeral Dir completely filled in	Polical	29e. Certifier 1 Certifying Physician: To (Check only one) 2 Medical Examiner: On the one)	the best of my kno	wiedge, deeth	occurred at the	time, dete end pleca	, and due to the	cause(s) and m	anner as st	ated.	
the H	3		nenner steted.				med et tile time,	dete end place,	and due to	the cause(s)	
5 5 5 8	2	29b. Signature and title of certifier	MD		29c. Lica	nsa number		29d. Dete signe		Day, Year)	
		70			0	47613		3-14		6	
		30. Name and sodress of person who completed of	ausa of deeth (item	n 23e) (Type, F	Print) . /	ampus Ro	1	.1	1	100	
		SAJID ATT	MED 111	10 Me	dical (	impus Ko	Suite 1	07 A09	ersto	wn Md	
	State	31. Date filed (Month, Dey, Year)	2. Registrar's Signe	etura		1		11-1		*	
Regi	istrar	MAR 1 81996	this drawned	ter Short	4						
DHMH 16 Rev	6/95										



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 95 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Vos PAUL NMN SAGI, JR. 00 15 march 1996 4e. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Washington County Hospital Washington Hagerstown If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day, Year)
April 5, 19 If Under 1 Year 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) 1₽M 2□ F Deys Yrs. 72 1923 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits NE Yes 2□No Maryland Washington Hagerstown 10f. Zip Code 10g. Citizen of What Country? 17316 West Washington Street 21740 U.S.A. 12. Wes Decedent Ever in U,S. Agned Forces? 1 △ Yes 2 □ No If Yes, Give Yeer or Dates: ₩₩ II 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) Coilege (1-4or 5+) Truck Driver Trucking Company 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Paul Sagi, Sr. Julia Rigo 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Catherine M. Saqi/Wife 17316 W. Washington St., Hagerstown, Maryland 21740 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 X Buriel 2 ☐ Cremetion 3 ☐ Remove from State 4 ☐ Donetion 5 ☐ Other (Specify) Beaver Creek Cemetery 3/20/96 Hagerstown, Maryland 22. Name end Address of Fecility Douglas A. Fiery Funeral Home 21. Signature of Funerati/Service Licenses 1331 Eastern Blvd. N, Hagerstown, Maryland 21742 23a. Parti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Onset and Deeth Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 Probably 4 Unknown 24e. Wes an eutopsy performed? 24b. Were autopsy findings aveileble prior to completion of cause of death? 20 No 1 ☐ Yes 2 ☐ No 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 inpatient 2 ER/Outpetient 3 DOA 28d. Describe how injury occurred

Physician /Medical Examiner

The law requires that the death certificate be executed

certificate

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After

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To the Hospital of within 24 hours a To the Funeral D

completely filled in by the

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Certification: To

Medical

Box 68760,

P.O.

Records,

Division of Vital or Attending Physician: **Physician** 

/Medical

Examiner

**Funeral** 

Director

must be notified at

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Hygiene.

Peges 1 and 2 should be fill ment of Heelth and Mental Hight: If Item 27 is marked oth

traumatic event, the Madical Examiner

other 1

Department of Important: If It any Injury or o

filed within 72 hours after

Baltimore, Maryland 21215-0020

Director

Funeral

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Completed

5. Social Security Number

213-24-9362

10e. Street and Number

Unknown

20e. Method of Disposition

Immediate Cause (Fine) diseese or condition resulting in deeth)

10e Stete

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Physician/Medical Completed by

25. Wes cese referred to medicei exeminer? 2 3 No 1 Yes 28a. Date of Injury (Month, Dey Year) 27. Menper of Deeth

28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of 28c. Injury et Work? 1 Yes 2 No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29e. Certifier (Check only one)

14 Neturei

2 Accident

3 Suicide

4 | Homicide

1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and menner es steted. 2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated.

29b. Signeture end title of certifier

30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) DINOJ. DELAPORTA

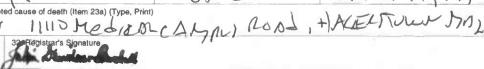
31. Dete tiled (Month, Dey, Year)

MAR 1 91996

5 Pending

investigetion

6 Could not be determined



State Registrar

 BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b he shed within 72 hours after heart with the State Debt, of Hearth and Mental Hydiene prior to burial, cremation, or removal.	
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NG PHYSI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 he field within 72 hours after death with the State Dent of Health and Mental Hydiete prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TENDI	TOR: A	28 is
OR AT	DIRECTORING	tem.
PITAL	ERAL IN 72 P	T. H.
E HOS	E FUN	RTAN
TO TH	H P	IMPO

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATN 1996 Jack Lewis SILVERS, Sr. March 15, :45 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday 7. OATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTNPLACE (State or Forei Aug. 14,1939 214-34-9802 1 X M 2 - F 56 Maryland 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 15 South Conococheague Street DIRECTOR Williamsport Washington RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d, INSIDE CITY Washington Maryl and Williamsport 1 X YES 2 NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15 South Conococheague Street 21795 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 M NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Ricen, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married Specify: BY White 3 Widowed 4 Divorced ETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INQUSTRY College (1-4 or 5+) COMPL Carpenter Construction 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Richard Martin Silvers Catherine Evelyn Byers BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Patricia Ann Silvers 15 South Conococheague St. Williamsport, MD 21795 20s, METNOD OF DISPOSITION
1 💢 Burlei 2 🗆 Cremetion 3 🗆 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Greenlawn Mem.Park Mar.19,1996 Donetion 5 Other (Specify) Williamsport, Maryland 22. NAME AND ADDRESS OF FACILITY
OSborne Funeral Home
425 S.Conococheague St.Williamsport,MD 21. SIGNATURE OF FUNERAL SERVICE LICENSE 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or learn failure. List only one cause on each line. Approximata IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) 2 weeks foistaut CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE DF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED: MAII ARLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO UNCERTAIN BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATN (Check only one OTHER:
4 □ Nursing Home 5 Residence 6 □ Other (Specify) ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF CEATN
1 Natural 5 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 5 Pending Investigation 1 YES 2 NO 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end ment 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occurred at the time, date end piece. 29b. SIGNATURE AND STITLE OF CONTINUE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year, BE 2

36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, 363 S. Cleveland Ave. Hagerstown, MD 21740 32. REGISTRAR'S SIGNATURE

Hind Hamdan MD

31, DATE FILED (Month, Day, Year)

in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th

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State of Maryland / Department of Health and Mental Hygiene 0 6

						(	Certificate	of E	Death		Reg. No.				
1	Physic /Medi			man :	Smith	4 :	Jr.			2. Data of Do Month March	18	1496	3. Tima of Death 1330		
Ï	Exami	ner	4a. Facility Nama (If not institution,					46	o. City, Town, or L						
L	c		Washington Count	y Hospita	al				Hagerst	Was	Washington				
	Funeral Director		220-26-0066	3. Sex 7	'. Aga (In yrs. 66		Months	Yaar Days	If Undar 24 Hrs. Hours Min.	8. Date of Bi	4, Year 1929	9. Birthpl Count Mar	ace (Stata or Forei ry) yland		
	and **		Usual Rasidance of Dacedant  10a. Stata 10b. County		10c. City	y, Town	or Location					10	d. Inside City Limit		
	Mary	tor	Maryland Washin	gton	Н	ager	stown						1 ☐ Yas 2 🛱 N		
	1 the	Director	10e. Street and Number				10f. Zlp C	Coda			10g. Citizan o	What Count	ry?		
	h with	al D	1046 Glenwood Av	enue			217			U.S.A.					
50	s i and 2 should be filed within 72 hours after death with the Maryland I Health end Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	/ Funeral							spanic Origin? (Si n, Maxican, Puarto Specify:	pecify Yas or No Rican, atc.)					
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21215-0020	ithin 72 h e. an "natu !Medical	Completed	15. Decedant's (Specify only highast Elamantery/Secondary (0-12)	grada complated) Coilega (1-4	plated) plega (1-4or 5+)			dona di ratired)	tion uring most of wor	king			inass/industry		
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	nd 2 lith e 27 is		Patricia E. Smit	h/Wife		104	6 Glenwo	bod i	Avenue,	Hagerst	own, Ma	ryland	21742		
	of Health Item 27 i		20a. Mathod of Disposition  20b. Place of Disposition (Nama of camatary, cramatory or other place)												
100			1 Burial 2 X Cramation 3 Hamoval from Stata							Smithe	mithsburg, Maryland				
=			21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Douglas A. Fiery												
Ba	permit. Departn Importa any inju		1 ( )ceuclo	NZ in	164		1331 Eas	ster	n Blvd.	N, Hage	erstown,		1742-3489		
15	Physician		23a. Part1 Enter the disease, of or shock, or heart fallige. List or	omplications That cau nly one cause on eac	used the death th line.	h. Do no	t antar tha moda	of dyling	, such as cardiac	or raspiratory	arrest,		Approximata Interval Batween Onsat and Death		
1	/Medical Examiner		Immediate Ceuse (Final disaasa or condition rasulting in daath)	·Cov	rone	24	Avt	2	7 12	reles	C	7	22 year		
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P.O.	that the led by th detech	y Physician/	Faith. Other significant conditions	s contributing to data	th but not rest	uning in t	na undanying cat	usa giva	n in Hanti.		Yes 2 No		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		
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0	ter th	Ë	27. Manner of Death	28a. Deta of (Month.	injury Day Year)	28b. Tin	na of 28	c. Injury Work	at ?	floma 5 ☐ Rasidance 6 ☐ Other (Spacify)  28d. Dascribe how Injury occurred					

To the Hospital or Attending P within 24 hours effer death.

To the Funeral Director: After the completely filled in by the funera Division Medical Certification

Naturai 5 Panding invastigation 2 Accidant 3 Suicida 4 - Homicida

6 Could not be detarmined

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

Work? 1 Yas 2 No

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

Tartifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the causa(s) and manner as stated.

2 Medical Examiner: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the causa(s) and manner stated.

290. Signatura and titla of cartifier

29a. Certifier

29c. Licansa numbar

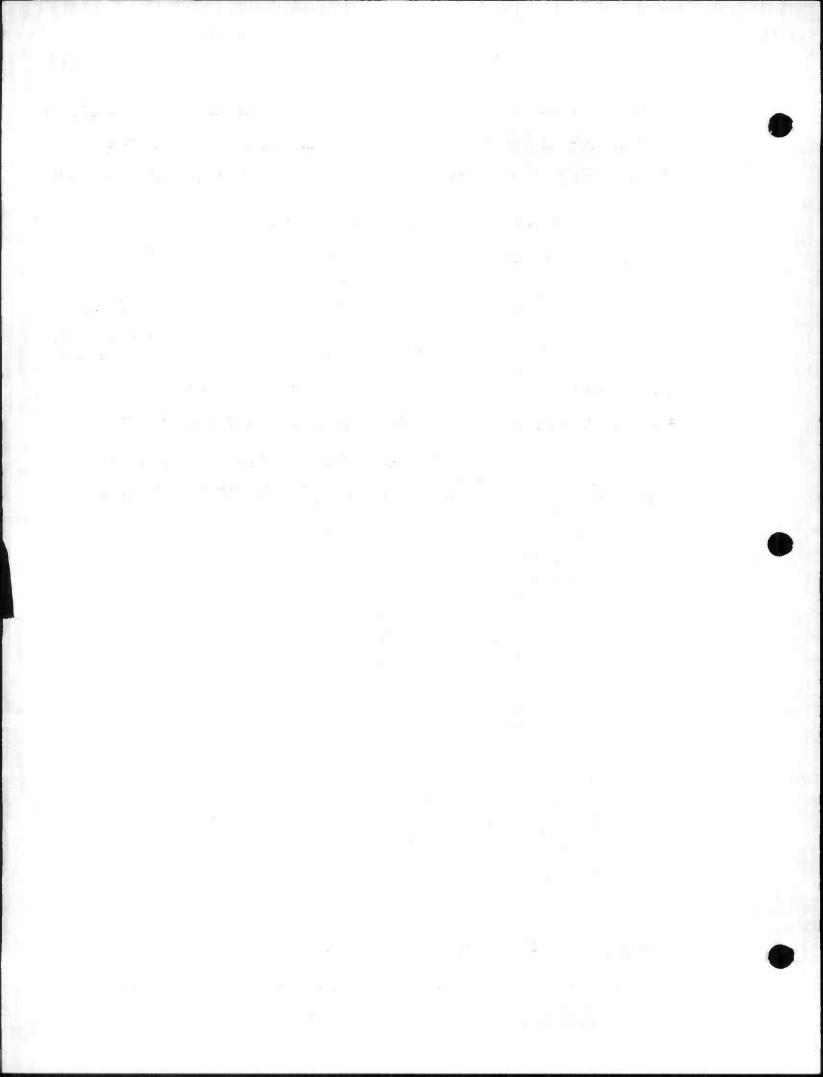
29d. Data signed (Month, Day, Year)

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hydiene 9 6 0 9 2 1 0

			ate of mary		rtificate of		Re	g. No.	09211	U		
Physic	ian	Decedent's Name (First, Middla, Last)				4	<ol><li>Data of Death Month</li></ol>	Day	3. Time of	Death		
/Medi		Alice Stein Swann	J			Ma	arch 1		996 10:03	P.M		
Exami		4a. Facility Nama (If not institution, giva street	t and number)			4b. City, Town, or Loca	ation of Death	4c. County	of Death			
		7500 Sutton Di	rive		į	La Plata	Char		les			
Funeral		Social Security Number 6. Sax		rs. last birthday	If Undar 1 Yaar		B. Data of Birth		9. Birthplaca (Stata o Country)	or Foreig		
Director		217-36-9769 1 M	<b>%</b> F 82	Yrs.	Months Days	Houra Min.	B. Data of Birth (Month, Day, )ec 2, 1	913	Maryland			
yland		10a. Stata 10b. County	10c.	City, Town or L	ocation				10d. Insida Ci	ty Limite		
e Ma	Director	Maryland Charles	3	La P	lata				1 🗆 Yas	2 N		
4 2 ×	Fe	10e. Street and Number			10f. Zip Coda		10	g. Citizen of V	What Country?			
h wil	a D	7500 Sutton Drive	2		206	46		U.S.A	Α.			
dea	Jer	11. Marital Status 12. W	las Decedent Evar in	n U,S. 13.	Was Decedant of I	lispanic Origin? (Speci an, Maxican, Puarto Ri	ify Yaa or No-	14. Rac	e - Amarican Indian,			
n 72 hours after death with the Maryland *natural*, or itema 23a or 23a-f show edical Examinet must be notified at	by Funeral	- FT	/as Decedent Evar in rmed Forces? □ Yas 2 ☑ No Yas, Giva aar or Dates:		If Yas, specify Cub 1☐ Yas 2X No		ican, atc.)		White			
natura natura	8	15. Decedent's Education	1	16a, Dece	dant's Usual Occur	pation	T 10		usinass/industry			
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Hyg Hyg	Be	17. Father's Nama (First, Middle, Last)				18. Mothar's Nama (						
2 should be liled within and Mental Hygiene. Is marked other than sumatic event, me M.	ToB	Thomas Stein				Daisy F	Tarrel	11 Stein				
d 2 should be lile th and Mental Hy 7 Is marked othe traumatic event	F	19a. Informant's Name/Reletionship (Type, P	rint)	19h Meil	Inn Address (Street	and Number or Rural						
d 2 d 7 ls		Betsy S. Thompson	•			n Dr. La						
1 and Health em 27		20a. Mathod of Disposition										
permit. Pages 1 and 2 should be liled within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic event, The Magnes.		1 Nation 2 □ Cramation 3 □ Ramov 4 □ Donation 5 □ Othar (Spacify)			osition (Nema of matory or other pla- OST Ceme				ation - City or Town, State			
pemit. Pag Department Important: I any Injury o		21. Signature of Funaral Sarvice Licensaa	M00817	_	2. Nama and Addra Arehart	-Echols I	Tuneral	eral Home, Inc.				
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and al-tra	xa	Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Causa (Disease or Injury	Dua to	o (or as a conse	quance of):							
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ficate be ext g physician a	edicai	that initiated avants resulting in death) Last	avants Due to (or on a consequence of):									
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ysicien: The	Be	25. Was case referred to medical				26. Placa of Death (	Check only ona,	)				
Physicien: this certific	To	axaminar?  Hospit	el: 1 ☐ Inpatiant 2	ER/Outpatie	nt 3 DOA Oth	er: 4 Nursing Home	5 Pesiden	ca 6 □Oth	ar (Specify)			
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or Attending after death. Director: After in by the fune	flea	3 Suicida 8 Could not be 28	a. Place of injury - A	t homa, farm, st	reet, factory, office	28	f. Location (Stre	et and Numb	er or Rural Routa Numi	ber,		
9472	Certification:	4 Homicida datamined	building, atc. (Spe	ecify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town,					
To the Hospital within 24 hours a To the Funeral Completely filled	edicai C	29e. Certifiar (Check only one)  Certifying Physician (Check only one)	in the besis of axam	knowledga, daat ination and/or in	h occurred at tha tir vastigation, in my o	na, data and placa, an pinion, daath occurred	d dua to tha cau	use(s) end ma a and placa,	nner es stated. and dua to tha cause(s)	)		
within 2 To the	Me	29b. Signatura and titla of certifiar	nd mannar stated.		29c. Licans	a number	20.	d Data signs	d (Month, Day, Year)			
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		30. Nama and addrasa of paraon who complete Krishan Mathur,				-La Pla	ta, MD	206	46			
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		MAU O T 100	June 1	10000								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death 6:30 AM Μ. THOMAS MARCH 13, 1996 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death RESIDENCE. 8900 ROLLINGWOOD DR FT, WASHINGTON PGC If Undar 1 Year If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 1 M 2 G Months Days 51 578-58-6421 D.C jun, 5.1944 Usual Rasidança of Decedant 10b. County 10c. City. Town or Location 10d. Inside City Limits PGC FT, WASHINGTON 1 Nas 2 No 10f. Zip Code 10g. Citizan of What Country? 8900 ROLLINGWOOD DRIVE 20744 U.S.A. 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican indian, Biack, Whita, atc. 1 ☐ Yas 2 ☑ No 1 Navar Married 2 Married 1 ☐ Yes 2 No Specify: 3 Widowed 4 □ Divorced BLACK AMERICAN 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantery/Secondary (0-12) Collaga (1-4or 5+) BA, DEGREE BUSINESS ADM AT&T COMMUNICATION 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) ROBERT HURST ELIZABETH RILEY 19a. informant's Name/Relationship (Type, Pnint) 19b. Melling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 20744 SHEROD 8900 ROLLINGWOOD DR, FT. WASHINGTON. 20b. Place of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stata Burial 2 Cremation 3 Ramoval from Stata HARMONY CEMETERY 3/16/96 LANDOVER, PGC. MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility MODERN FUNERAL HOME 3821-14TH ST, N.W. WASH, D.C. 23a. Part1. Entar tha disaasa, or complications that a used the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause of much line. Approximata Intarval Batween Onsat and Death CONSTAL VASCULAR Accident Dua to (or as a consequence of): Hypertensim Dua to (or as a consequence of):

(R **Physician** /Medical **Examiner** 

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Physician/Medicai

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physician

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deeth.

To the Hospital

or Attending Physician: The law requires that the deeth certificate be executed

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f ahow

or items 23a or

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permit. Pages 1 and 2 should be file Department of Health and Mantel Hy Important: If item 27 ia marked other any Injury or other traumatic avant

the Medical Examiner must be notified at

deeth with the Maryland

filed within 72 hours efter Hyglene.

Baltimore, Maryland 21215-0020

DELORES

5. Social Sacurity Number

10a Street and Number

10a Stata

MD

Director

Funeral

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MONICA

20a. Mathod of Disposition

Sequantially list conditions, if ony, leading to immediata cause. Entar Undarlying Cause (Disaase or injury that initiated evants rasulting in daath) Last

Immadiata Causa (Finai

diseasa or condition rasulting in deeth)

Dua to (or as a consequance of):

Part II. Other aignificant conditions contributing to death but not rasuiting in tha undarlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to completion of cause of death?

1 🗆 Yas 2 No 26. Place of Death (Check only ona)

1 ☐ Yas 2 ☐ No

25. Was casa ralarred to medical 18 Yes 2 No 27. Manner of Death

5 Pending Investigation

8 Could not be

Hospitai:

28a. Data of Injury (Month, Day Year)

1 ☐ Inpatient 25 ER/Outpatient 3 ☐ DOA 28b Time of

28a. Place of injury - At homa, farm, street, lactory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Dascribe how injury occurred

Location (Street and Number or Rural Routa Number, City or Town, Stata)

29e. Cartifiar

1 Naturai 2 Accident

3 Suicida

4 ☐ Homicide

15 Certifying Physician: To tha best of my knowledga, deeth occurred at tha time, date end place, and dua to tha causa(s) and manner as stated.
2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at the tima, date and place, and dua to tha causa(s) and manner stated.

29b. Signature and title of certifier

29c. Licansa number

29d. Data signed (Month, Day, Year)

Jame

335206

30. Name and addrass of person who complated causa ol daath (itam 23a) (Type, Print)

William T. TANNER 11701 Livingston RD. Ft. WASNINGTON, MD M.D. 31. Data filed (Month, Day, Yaar) MAR 1 5 1996

State Registrar Registrar's Signature

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	letache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR		STATE OF	MARYLAND /	DEPAR					MENTA	AL HYGIEN	_			
1. DECEDENT'S NAM	AE (First, Middle, Last)								2. DAT	E OF DEATH			3. TIME OF DEATH	
1	Ruth	-	144	NE	-12				MONTH DAY YEAR ( 21 P)					
4. SOCIAL SECURIT	Y NUMBER	5. SEX	6. AGE (In yrs. le:		IF UNDER	1 VEAR	JE (IMPE	R 24 HRS.	7. DATE OF BIRTH			45	HPLACE (State or Foreign	
578-66		1 🗆 M 2 🔀 F	YRS.	MONTHS	DAYS	HOURS	HOURS MIN. (Mon		(Month, Day, Ybar)		Count	th Caroli		
Holy	(If not institution, give Cross H							pri				ontg	omery	
RESIDENCE O	F DECEDENT	γ		10c. CI7	ITY, TOWN OR LOCATION					11			10d. INSIDE CITY	
MD	Pri	nce Geo		Adelphi								LIMITS?		
100. STREET AND N				101	ZIP COO	E			10g. CI	TIZEN OF	WHAT COUNTRY?			
2405	Lackaw	anna St	reet					207	83			US	A	
11. MARITAL STATUS 1 Never Married 3 Widowed 4	3/ Married	FORCES?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 X NO IF YES, GIVE WAR OR DATES				ecity Cubi	OF HISPAN In, Mexica Specify	NIC ORIGIN? (Specify Yea or No— 14. R/ in, Puerto Rican, etc.)				E - American Indian, ik, Whita, etc.	
	15. DECEDENT'S EDU	CATION	16a. DE	ECEDENT'S	CEDENT'S USUAL OCCUPATION we kind of work done during most of working Do NOT use retired.)					166. KIND OF BUSINESS/INDU			DUSTRY	
Elementary/Secon	ecify only highest grad ndary (0-12) th	College (1-4 or 5	+) (G	live kind of Do NOT u	work done one retired.)	during mo	st of worki	ng		166. KIND OF BUSINESS/INDUSTRY			+	
17. FATHER'S NAME			Direct						Governmen			men		
III		d	18. MOTHER'S NAM								,			
	fus Hor	age	Maı						argaret Workman					
Rullus Horage  19a. INFORMANT'S NAME (Type/Print)  Stanley Tanner/Husband  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  2405 Lackawanna St, Adelphi, MD 20  20e. METHOD OF DISPOSITION 1 X Burfal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  3. B. Jenkins Funeral Home  7474 Landover Rd, Landover									,	20783				
									cent	WOO	d. MD			
									Hom	e 20785				
23. PART I. Enter ahock IMMEDIATE CAUS disease or condi- resulting in death	ath. Do not enter the mode of dving, such as cardiac					rdiac or reapi	ratory ar	rreat,	Approximata interval Betwee Onset and Dast					
Sequentially list of any, leading to cause. Enter UNE CAUSE (Disease that initiated ever resulting in death	Immediate DERLYING or Injury nts	b. DUE TO	(OR AS A CONSE	OUENCE O	F):									
PART II. Other ale	gnificant condition	na contributing to	death but not a	resulting	In the un	derlying	cause (	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24t	N. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
DID TOBACO	O USE CONT	RIBUTE TO CA	USE OF DEA	ATH YE	SIL	NO [	UNC	ERTAIN	V X					
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)  RXAMINER?  HOSPITAL:														
EXAMINER?	NO	HOSPITAL:	CEDIO-A-A-A	□ ac.	OTHER					u.e.				
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3 Suicide 4 Homicide	6 Could not be detarmined	28e. PLACE C building,	F INJURY — At he atc. (Specify)	ome, farm,	street, facto	ory, office			26f. LO	CATION (Street a y or Town, State)	nd Numbe	r or Rural I	Route Number,	
29a. CERTIFIER	CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	ath occur	ed at the st	me, dete	and nines	and the	to the co	nunale) and m	ner == ==	ted		
[Crieck only													a) and manner as stated.	
29b. SIGNATURE AND										,				
SPO. SIGNATURE AND	The or central	0		~	,		29c. LICI	ENSE NUN	IBER		29d, DAT	E SIGNED	(Month, Day, Year)	
		Jank					75	86	5	t6		ma	rch 12 9	
30. NAME AND ADDR	ESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH (TE	М 27) (Туре	Print)								an.	

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31. DATE FILED (Month, Day, Year)
MAR 1 5 1996 A. Dec 8

IN 15 19 The Manuscharder

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth THOMAS Sr. Yeer 96 **Physician** CLINTON ROBERT 4-04 AM /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner CARROLL COUNTY GENERAL HOSPITAL CARROLL WESTMINSTER CO If Under 1 Yaer If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplaca (Stete or Foreign Country) 5. Sociel Sacurity Number 7. Age (In yrs. lest birthday) **Funeral** Months 110 M 2□ F Director 217-12-2687 73 May 15, 1922 Maryland Usual Residence of Decadent 10e. Stete 10b. County 10c. City, Town or Location 28a-f ehow 10d. Insida City Limits Pages 1 and 2 should be filed within 72 hours efter death with the Marylei ment of Health and Mental Hygiene.

Ent: If Item 27 te marked other than "naturel; or items 23s or 28s-f show ury or other traumatic event, the Madical Examines must be nothing as Director 1 ☐ Yas 文 No MD Carroll Westminster 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Code 824 Regent Street United States Funeral 12. Was Decedent Evar in U,S. Armed Forces? 11 Marital Status Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Marriad 1 ☐ Yes 2 ☑ No If Yas, Giva altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ 3 Widowed 4 Divorcad Yeer or Detes White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 10 Master Plumber Hospital 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Clinton Thomas 2 Ida Mae Everhart 19a. tnforment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Betty B. Thomas 824 Regent St, Westminster, MD 21157 20b. Piece of Disposition (Neme of cemetery, cramatory or other pieca) 20e. Mathod of Disposition 20c. Location - City or Town, Stete Department of F Important: If Ital any Injury or of once. to Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stete John Luther Miller Memorial 3/20 4 ☐ Donetion 5 ☐ Other (Specify) Westminster, MD Cemetery 22. Name end Address of Facility 21. Signeture of Funerel Service Licenses Myers Funeral Home
91 Willis Street, Westminster, MD
23e. Pert1. Enter the disease, or complications that caused the data. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilura. List only one cause on each line. 21157 Approximete Interval Between Onsat and Death **Physician** /Medical tmmediete Ceuse (Final disaesa or condition resulting in death) hour Examiner Due to (or as a consequenca of): Physician/Medical Examiner The law requires that the death certificate be executed physician end the buriel-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Records, P.O. Box 68760. Due to (or es e consequence of) USB 88 attending p for use es ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? TOTAL KNEE REPLACEMENT 1 Yee 2 No 3 Probably 4 Unknown signed b 24b. Were autopsy findings available prior to 24a. Was en eutopsy performed? ESSENTIAL HYPERTENSION completion of cause of death? pege 2 s 2 No certificate 1 Yes 1 Yes PANo Division of Vital or Attending Physician: Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 Yes 2 No Inpatient Certification: To 2 ER/Outpatient 3 DOA this funeral 27. Manner of Deeth Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Aftert 5 Pending Investigation Naturel 24 hours eftar death. Funerel Director: A 1 Yes 2 No 2 Accident the 6 Could not be determined 3 ☐ Suicide 28e. Pieca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 4 Homicide filled in Hospital Certifying Phystolen: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) and manner es steted.

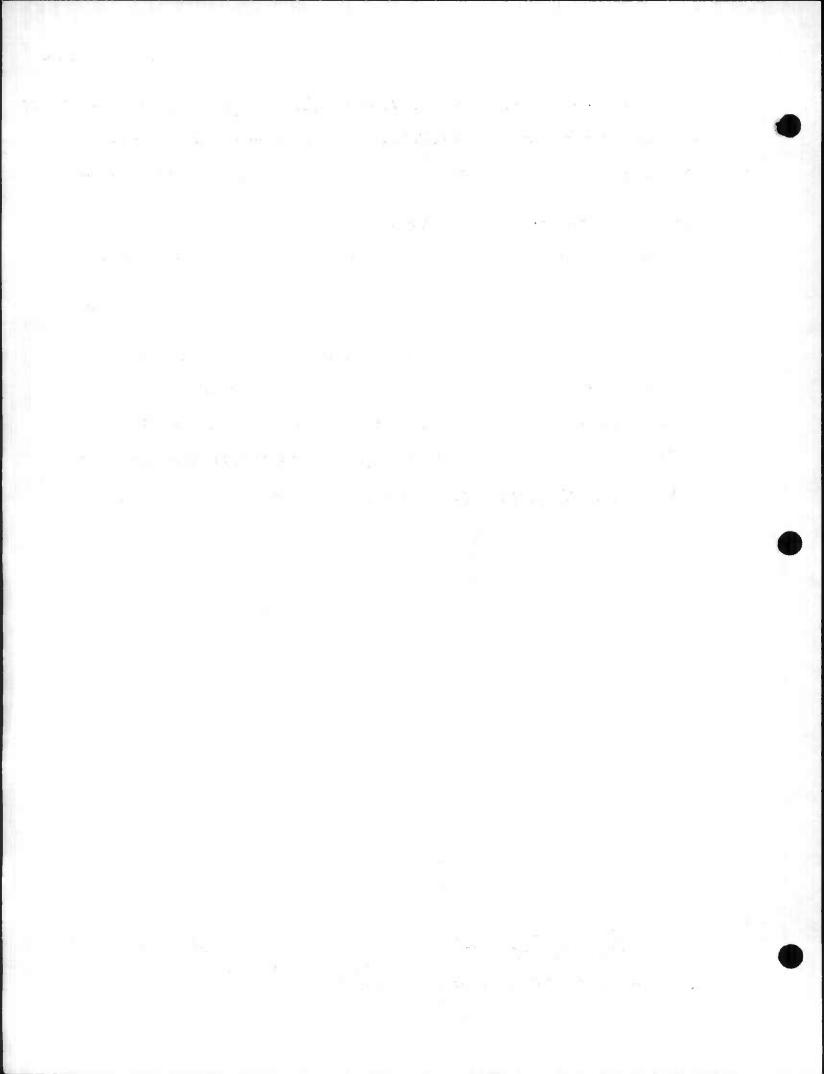
| Medicat Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end plece, and dua to the cause(s) end manner steted. Medical To the Hosp within 24 hor To the Fune completely fi (Check only onel 29b. Signatura and title of cartifiar 29c. Licansa number 29d. Data signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) NOEL 5. GRESSIEUK MID 216 WASHINGTON HEIGHTS MED. CTR. 2115 WESTMINSTER 31. Dete filed (Month, Day, Year)

State Registrar

31. Dete filed (Month, Dey, Year)

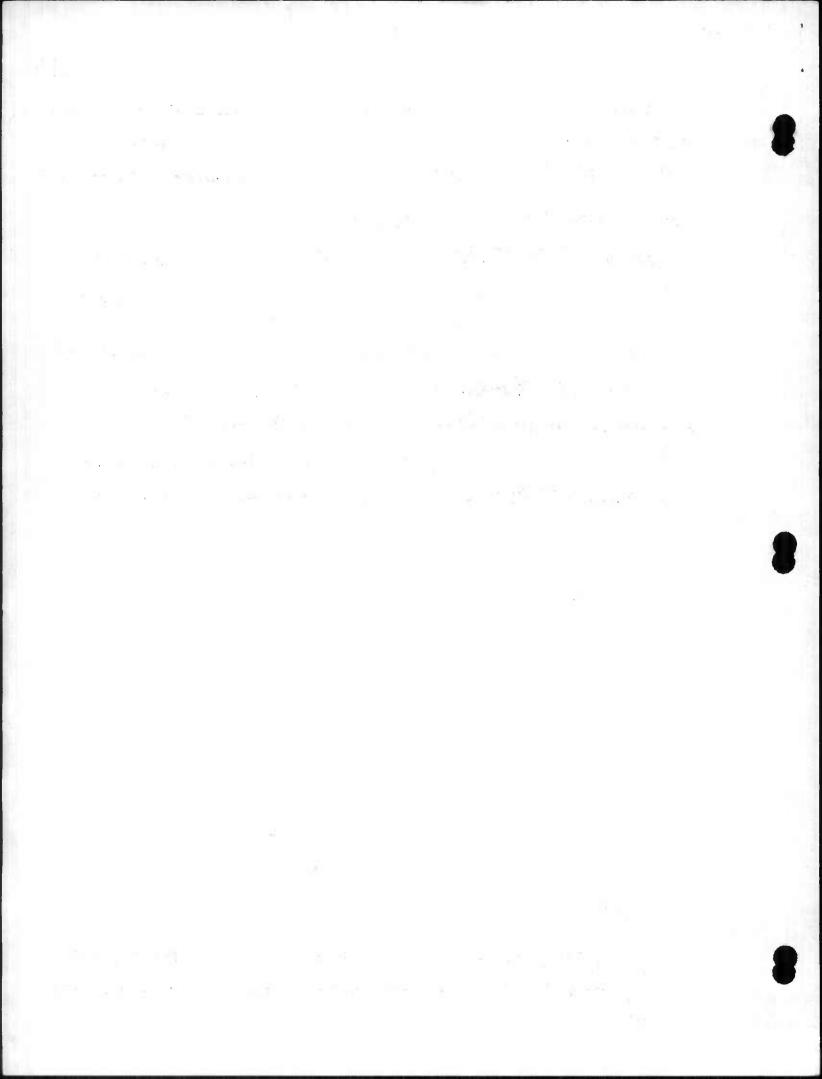
MAR 1 8 1996

32. Begistrer's Signeture



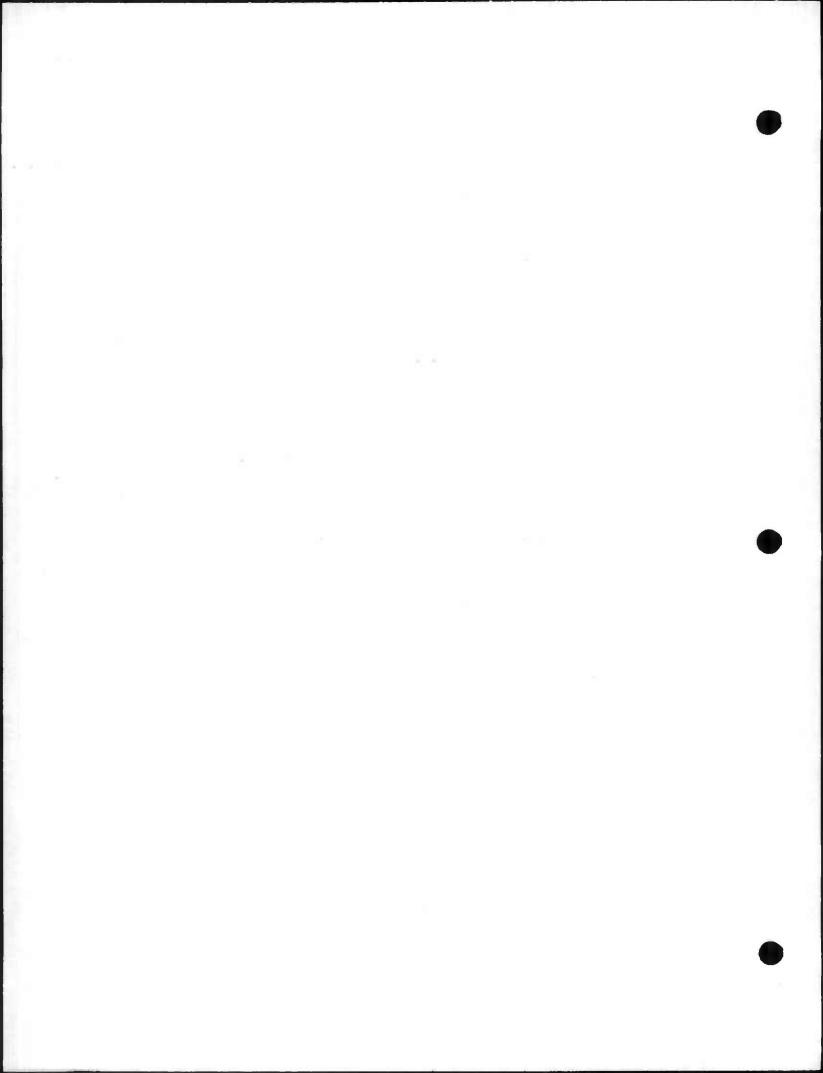
# Amended Item 4a 3/6/96 bam Cecil Co. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

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TO BE COMPLETED BY ELINEDAL DIDECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should rel.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

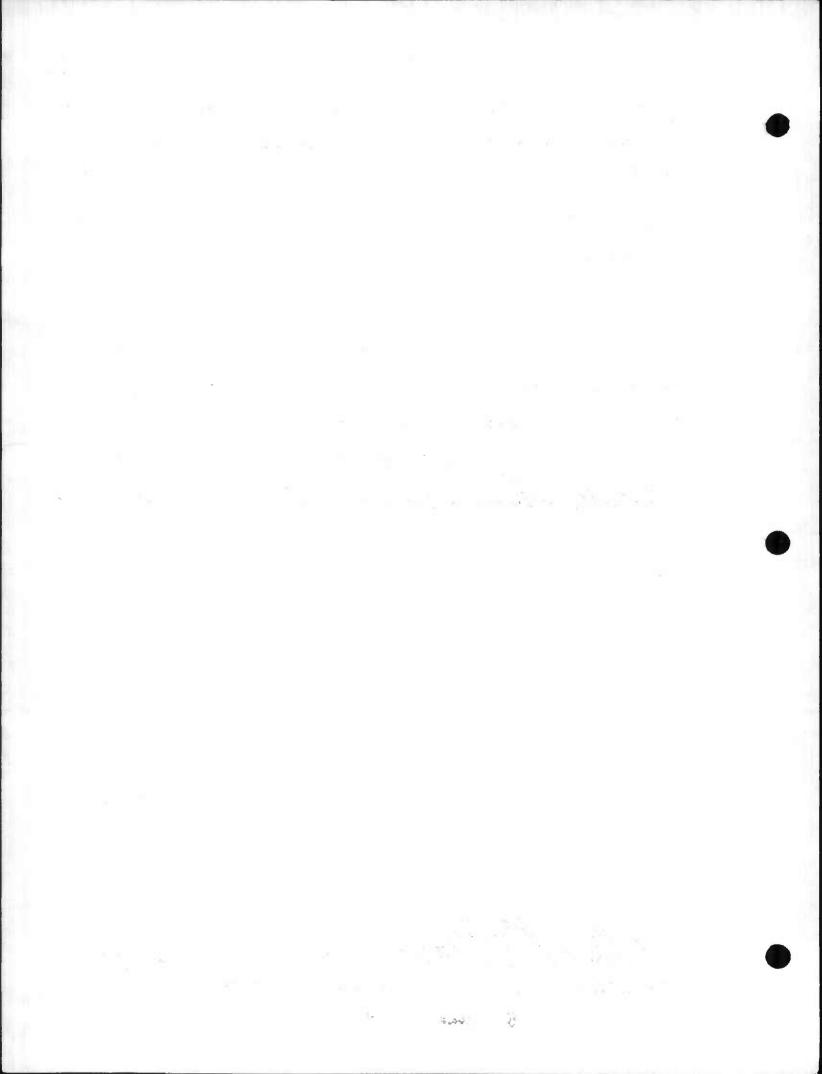
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	,.	T	3. TIME OF DEATH	1		
	William H. Thomp	oson				M B R CH	14	96	1:20			
	4. SOCIAL SECURITY NUMBER 5.		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	- / -	8. SIRTH	PLACE (State or Form	-		
	212-24-4993	15 M 2 □ F 6	8 YRS.	ONTHS DAYS	HOURS MIN.	March 5,1	020	Country		D (		
	9a. FACILITY NAME (If not institution, give street	t and number)		b. CITY, TOWN	OR LOCATION OF D			Masil ITY OF DE	ington.	DeC		
DIRECTOR	Southern Maryland H	lospital Ce	enter	Clint	on		Princ	ce George's				
RE	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	ION				10d. INSIDE CITY			
	Maryland Princ	ce George	Cli	nton					1 YES 2	10		
FUNERAL	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZ	ZEN OF W	HAT COUNTRY?			
H	6519 Horseshoe Roa	ıđ			20735		Unit	ed S	tates			
Ş		P. WAS DECEDENT EVER FORCES? 1 XXXES	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye			- American Indian White, atc.	٦,		
ВУ	1X Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR I	PATES 2		2 NO Specif	sn, Puerto Rican, etc.) ly:		Specif				
				1				Cau	casian			
E	15. DECEDENT'S EDUCATI (Specify only highest grade con	iON npleted)	16e. DECEDENT'S US	k done during mo	ON st of working	16b. KIND OF BU	ISINESS/INDI	USTRY				
٣		College (1-4 or 5 +)	Ille. Do NOT use	,			Georg	ge's	County			
COMPLETED		N/A	P.G. Cour	ty Road			vernm	ent				
	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Malden	Surneme)					
BE	Howard Benso	on Tho	mpson		Nina							
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING A	DDRESS (Street e	nd Number or Rural	Route Number, City or Tox	vn, State, Zip	Code)				
	Peggy Jean Thompson		6519 H	orsesh	pe Road (	Clinton, M	aryla	nd 2	0735			
	20e. METHOD OF DISPOSITION  1 Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description		b. PLACE AND DATE OF metery, crematory or othe				OCATION — C	•				
	4 Doneston 6 Other (Specify) Christ Poiscopal Church Cem 1996 Clinton Mary											
	22. NAME AND ADDRESS OF FACILITY Lee Funeral Home,											
	6633 Old Alexandria Ferry Rd Clinton,											
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dving, such as cerdiac or respiratory arrest											
	resulting in coatily		A CONSEQUENCE OF):						111			
z		PERIT	0 /117	15	MS	CITE	2		11 h	to		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):									
S	CAUSE (Disease or Injury	HERA	TLC	Co	MH				29 H	RS		
E	that initieted events	DUE TO (OR AS	A CONSEQUENCE OF):						01			
ER	resulting in death) LAST	501	515						) de	y		
	PART II. Other aignificent conditions of	ontributing to death	but not resulting in	the underlyle	cause alues la	Part I. 24s. WAS AN	Altenant	-				
S	RENKC			the underlying	cause given in	PERFO	RMED?		WERE AUTOPSY FINE AVAILABLE PRIOR TO			
ā	MALNUTA					1 _ YES 2	NO		COMPLETION OF CAI OF DEATH?	USE		
Σ									1 TYES 2 NO			
AN	DID TOBACCO USE CONTRIB  25. WAS CASE REFERRED TO MEDICAL	UIE 10 CAUSE C		□ NO □	UNCERTAIL	и 🗆						
<u> </u>	EXAMINER?	OSPITAL	26. PLACE OF DEATH	THER:						$\overline{}$		
PHYSICIAN: MEDICAL	1 VES 2 NAO 1 S	Limptitiont 2 ER/Out				6 Other (Specify)						
ВУ РН	1 Natural 5 Pending	(Month, Day, Year)	26b. TIME (	Y WO	JRY AT RK? 'ES 2 NO	26d. DESCRIBE HOW I	INJURY OCC	URED				
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, atre	et, lectory, offic	•	261. LOCATION (Street City or Town, State)	end Number o	or Rural Ro	oute Number,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my know	wieden death occurred	et the time date	and place, and due	to the enverted and ma		4				
298. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(e) end manner ee stated.  One) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) end manner.									end manner as atal	led.		
	296 SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI	ARER	29d DATE	SIGNED /	Month, Day, Year)	_		
B	lenent P/11	1 60			D-182		<b>&gt;</b> 7	JONED	4-91			
2	30. MANE AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	EATH (ITEM 27) (Type. Pr	int)	1700		>	-/	10			
	Br. Caruso, 7700	Old Branch	n Ave # D2		nton, Mar	yland 207	35					
į	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGN										
	MAR 1 9 1996	Helia diku	West-Randall							Day 1/00		



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

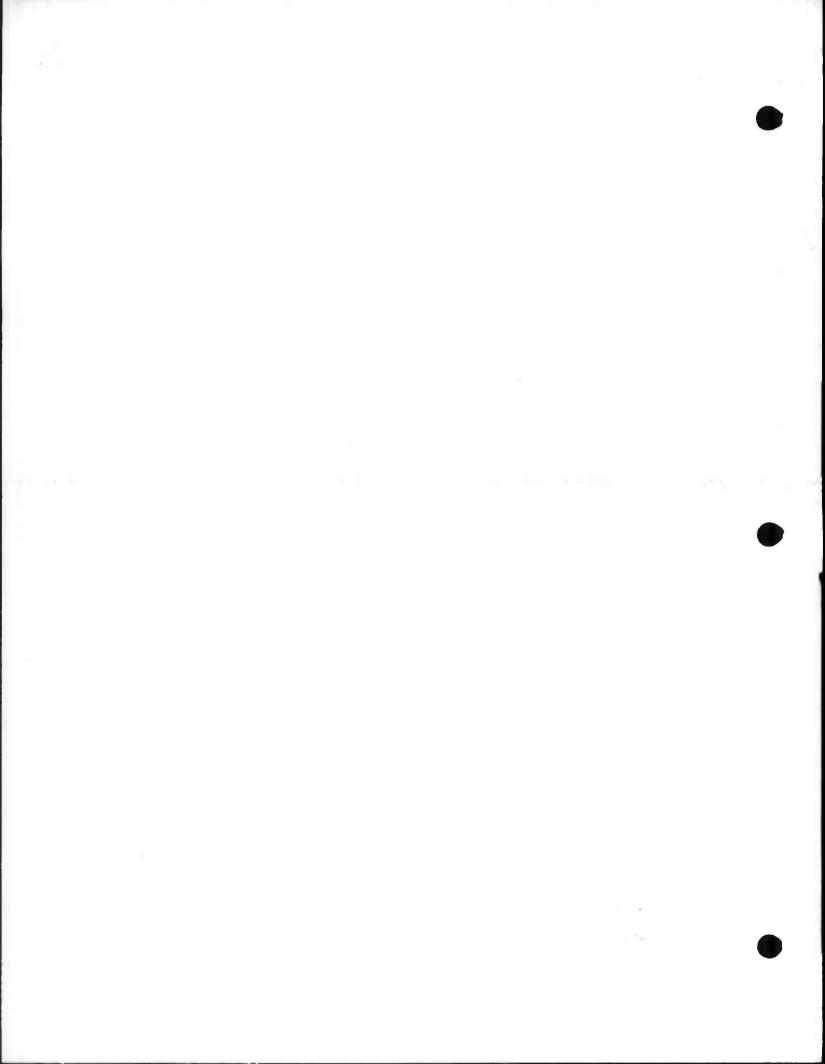
State of Maryland / Department of Health and Mental Hygiene

				_	Olate of	iviai yiai			ficate of	Death	wientai i i	Reg. No	20	09	216	
-	Physic	ian	1. Decedant's Name	a (First, Middla, La	st)						2. Data of Do Month	eath Da	ıv Ya	aar 3	. Tima of Death	
Physician /Medical WILLIAM AUGUSTUS TIPPETT								MARCH	16		96	8:52 PM				
	Exami	ner		f not Institution, giv NS MEMORIAI		ber)				4b. City, Town, or LA PLATA	Location of Dear		: County of D HARLES	Death		
	Funeral Director		5. Social Security N 216-16-04	199	Sax 7	. Aga (In yrs 73			Undar 1 Yaar lonths Days			rth 129,	1922	Birthplace Country	a (State or Foreign and	
	pue *		Usual Rasidanca of 10a. Stata	Dacadant 10b. County		10c C	ity, Town	or Locati	on					104	Inside City Limits	
	Aaryle	5	Md.	Charles			dian								17 Yas 2 No	
	the the	Je Ct	10e. Street and Nun			TIR	лап		10f. Zip Coda			10g Ci	tizan of Wha	t Country?		
	3a or	Funeral Director	4225 Dono	caster Dr	ive				20640			USA				
	death	nerg	11. Marital Status		12. Was Daced	ant Evar in U								Race - Amarican Indian,		
21215-0020	hours after death with the Maryland rural', or items 23a or 28a-f show at Evarities must be notified at	by	1 ☐ Navar Marri 3 ☐ Widowed	ed 2 Married 4 Divorced	Armed Ford 1 Tas 2 If Yas, Giva Yaar or Dat	orcas? 2⊠ No iiva		If Yas, specify Cuban, Maxican, Puarto  1 □ Yas 2X No Specify:			to Rican, atc.)	Specific:			hite, atc.	
5-0	72 hours "natural",	eted	(Spec	15. Dacadant's Edity only highast gra	ducation		16a. [	Decedent	's Usual Occup	pation during most of wa	orking 16b.		Kind of Business/Industry		ry	
121	within ene. then	Completed	Elamantary/Secol	It's Usual Occupation of of work done during most of working NOT use retired)  echanic  16b. Kind of Bu					mnant	7						
	filed within Hygiene. other then ent, tre M	ပိ	17. Father's Nama (	First Middle Last	)		2144	O Pic	CHAILE		ma (First, Middle		-	inparry		
Maryland	2 should be f end Mental I is marked of sumatic eve	o Be	William F							Clara J			r	tt.		
37	shoul nd Ma mark	2	19a. Informant's Na				19b. I	Mailing A	ddress (Street	and Number or R					da)	
	end 2 selth e 127 is		Susan D.	Cutlip (	daughter	-)	san	ne as	s above							
ore	of He Item		20a. Mathod of Disp		10 11 0		Placa of I	Dispositio	on (Name of ory or other pla	ca)	Data	20c. L	ocation - City	y or Town,	Stata	
Ĕ	Pages ment of H ant: If its ury or of		camatary, cramatory or other place)  St. Charles Cemetary March20, 1996 Glymont,  21. Signature of Funeral Service Licensea  22. Name and Address of Facility Williams Funeral Home, P.A.  M00668 Rt. 225 and Glymont Rd. Indian Head,								Md.					
Baltimore,	permit. Pages 1 end 2 should be filed within 72 ho Department of Heelth end Mental Hygiene. Important: If Item 27 is marked other than "natur any injury or other treumetic event, the Medical ONGS.		21. Signature of Fu	naral Sarvice Licer	isaa /	MO(	0668	22.N Will Rt.2	ama and Addra Liams F 225 and	ass of Facility uneral Ho Glymont	ome, P.A Rd. Ind	lian	Head,	Md.2	20640	
			23a. Part1. Entar III shock, or hour	e disease, or com	plications that cau										proximata arval Batween	
	Physician		_											On	sat and Death	
	/Medical Examiner		Immediata Causa (I disaasa or conditior rasulting In daath)	Final 1	a. HU	pur	tal	em	ia					/	day	
		Examiner	resulting in deality		Ac	pur to (	RU	nsequen	Fail	ure victor				/	day	
	and I-trans	xam	Sequantially list con	nditions,	40.0	Dua to (	or as a co	onsequan	nce of):	0 40 1				2	010	
68760,	sician burie		Sequantially list cor if any, leading to Im causa. Enter Under Causa (Disaesa or I that initiated evants	rlying Injury	c///	40 ca	1040	al		VICTION	/			2	auys	
	eath certificete be executed ettending physician and for use es the buriel-transit	/Medicai	rasulting in death) L	ast	d	Dua to (d	or as a co	nsequan	ca or):							
Box	eath c	Physician/N	Death Other Leville													
P.O.	thet the de ed by the detached	hys	Part II. Other signifi	cant conditions c	ontributing to deal	of hour not ras	sulting in t	tna undai	nying causa gi	van in Paπ I.				□ Probabl	cause of death?	
	es thet igned be be det	by P		nie C	DUCY	SILFU	1					100. 2	- NO 01		y vigoninoun	
Records,	been s	Completed t	Chro	nie Ob	structi	ie t	uln	2011	nary o	Heas	24a. Was perf	s an auto ormed?	psy 2	avallat	autopsy findings ola prior to etion of causa th?	
Ä	The law ate has page 2	E O									10	Yas 2	DINO	1 □ Ye	as 2 No	
Vital		Be C	25. Was casa rafarr axaminar?	ad to medical		/				26. Placa of Da	ath (Check only	one)	1			
of V	Physician: this certific	5	1 Yas 2 V	No			ER/Outp	patient :	3□ DOA Ott	her: 4 Nursing I	fome 5 ☐ Ras	Idence	8 Other (	Specity)		
n o	ing P	iuo	27. Manner of Deeth 1 ☑ Natural	5 Panding	28a. Data of (Month,	Injury Day Year)	28b. Tir Inj	jury	28c. Inju		28d. Dascribe	how Inju	ry occurred			
Sic	Attending or death. octor: After by the fune	icat	2 ☐ Accident 3 ☐ Suicide	Invastigation		f Imiron At In				Yes 2 □ No	28f. Location	/Straat o	nd Number	or Dural Do	ute Number	
Division	or Attending I efter death. Director: After I in by the funer	Certification:	4 Homlcida	datarmined	building	atc. (Speci	fy)	n, straat,	factory, offica		City or To	wn, Stati	a)	A FIUIDI FIL	outa radiliber,	
_	To the Hospital or Attending Phy within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	edlcai C	29a. Certifier (Check only one)		ninar: On the bas					ma, deta and place opinion, death occ						
	withir To th	Me	29b. Signature and	or dentifier	Short	1///			29c. Licans	sa number		29d, Da	te signed (N	fonth; Day	Year)	
			1/1/	MMM		Min	12	-	D464	419			3/17	196		
		1	30. Name and addre	iss of parson who	complated causa	of death (Ite	m 23a) (T	ype, Prin	1			_	911/	10		
				LETCHFORD,				R SU	TTE 100	WALDORF, MI	20602					
	Sta		31. Data filed (Monta			gistrar's Sign	atura	P	1.11							
	Registr	ar		MAR 1 9	1996	yourd	MARKET	אמחרא	704				_			

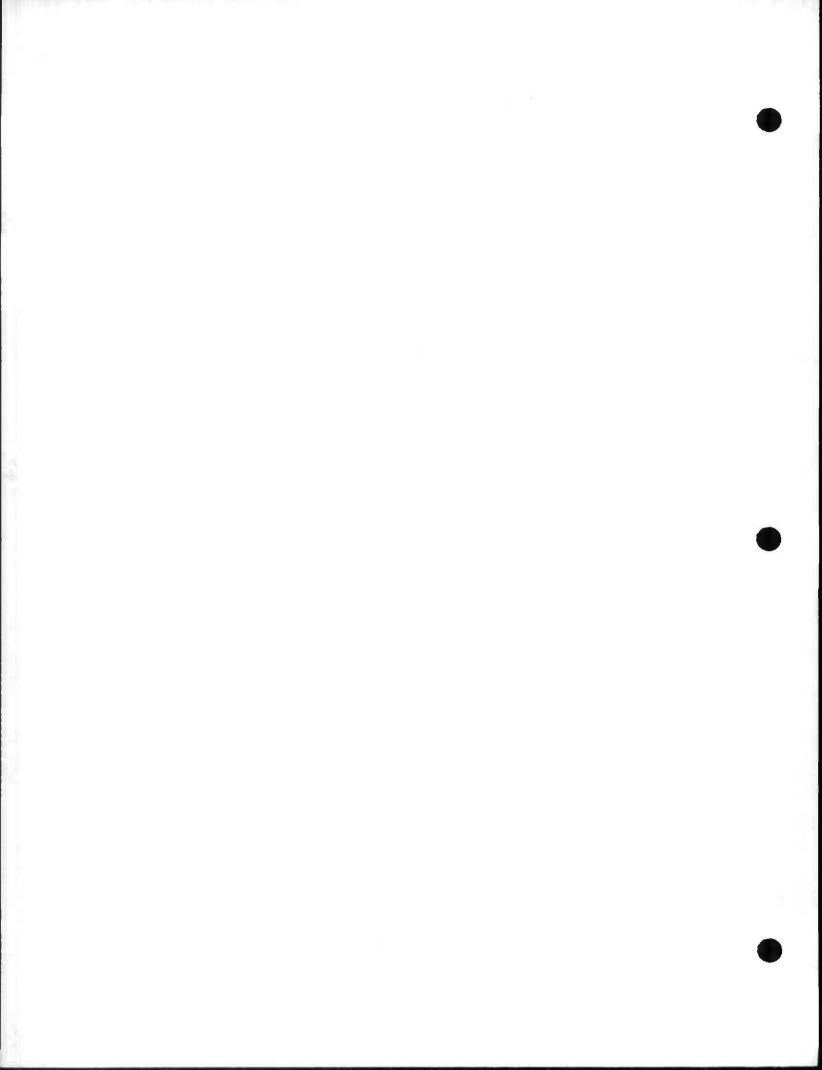


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Ξ	6	2
F.O. BOA 68/60	eath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	ittending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial physician price of the punity in bunial cremation or removal
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		1 - FOR STATE REGISTRAR	STATE OF MARYL		EPARTMEI RTIFICAT			MENTAL HYGIE			
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	YEAR 3. TH	ME OF DEATH
		Pauline S. Tr						March 7,	1996	1	1:30 P. M
	,	4. SOCIAL SECURITY NUMBER 217 - 12 - 6413	5. SEX 6. AGE	(In yrs. lest bi	YRS. MONTH	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	E (State or Foreign
3 should		9a. FACILITY NAME (If not institution, give	_ 20	90		TY TOWN O	F LOCATION OF D	bruary 6		West	Virginia
ر. ده وه	OR	32 Muddy Lane				E1kt			Cec		
es 1.	ECTO	RESIDENCE OF DECEDENT t0e. STATE 10b. COUNT	Υ	1	0c. CITY, TOW	OR LOCAT	ION			104	INSIDE CITY
permit. Pages 1,	DIR	Maryland	Cecil		E1k:						LIMITS?
	ME	10e. STREET AND NUMBER				101.	ZIP CODE		10g. CITIZE	N OF WHAT	
020 physician. burial-transit	FUNERAL	32 Muddy Lane					21921			ed Sta	ites
020 ohysici burial-		1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	D 1:	If yes, spe	cify Cuban, Mexico	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.)	fes or No— 1	Black, Whit	
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-tran at once.	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	AIES		1 _ YES	2 NO Specifi	y:		Specify: V	vnite
r atter	ETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION s completed)	(Give i	DENT'S USUAL	e during mos		16b, KIND OF B	USINESS/INDU	STRY	
D 21 pital or	PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	-	NOT use retired	)		Пом О	wn Hom		
AND the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Home	Illaket		ta. MOTHER'S NA	ME (First, Middle, Maide		е	
YL de de de de de de de de de de de de de	ш	Benjamin Franklin	Slayton					Elizabeth		ny	
MARYL retained by the 5 should be notified at	TO B	t9a. INFORMANT'S NAME (Type/Print)						Route Number, City or To		ode)	
E, N y be n age 5		Wilma L. Van Orme						1kton, MD			
OR may ector, p		1 N Buriel 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	etery, cremated in the interval	DATE OF DISPORT OF A STATE OF DISPORT	Mom	ne of Park	3/9/96 E	OCATION - CH		
Page al dire	ì	21. SIGNATURE OF PUNERAL SERVICE AS			2:	. NAME AN	D ADDRESS OF FA	CILITY	IKLOII,	Maryl	Land
BALTIMORE, Nous after death. Page 6 may be re lin by the timeral director, page 5 or removal.		* What y	7. (1M4	·K			h Funera	n Street,	North	Fact	MD 2100
Nours after of in by the or remova		23. PART I. Enter the diseases, or	complications that ceused	the death							Approximata
_ 6 9	1	IMMEDIATE CAUSE (Final	List only one cause on e			,					Onset and Daath
= 4 te =		disease or condition resulting in death)	a. ATPUKU &	CONSEQUE	WAT	212					Ce ceso.
c 68760 executed with and complete to burial, crent	z							4RE			24108.
	CATION		DUE TO (OR AS A	CONSEQUE	NCE OF):		0.05,				Lyes.
BOX ficate be en physician and prior to	S	CAUSE (Disease or injury	c. ANTEN	OS CL	-ETO	TIL	CHYDIC	Olis Coll	TU SUS	EME	Syew
P.O. E th certifical ending phy Hygiene i or other	RTIF	that initiated events resulting in death) LAST	di di di di di di di di di di di di di d	CONSEGUE	NCE OF):						
RDS, P.O. Be at the death certificate by the attending physican and Mental Hygiene pd y injury, or other th	2	PART II. Other algolificent condition	a contributing to death b	ut not read	utho In the	and a dula a	saus alves le	0-41		+	
W # 85 - 1	ICAL			at not lest	nang in the i	moenying	ceuse given in	PERFO	N AUTOPSY DRMED?	AVAIL	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
RECOR	MEDIC							1 TYES	2   NO	DF DE	
> 0 0		DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH	YES 🗆	NO 🗆	UNCERTAIL			1	ies 2 🗆 no
VITAL I IAN: The law tificate has b e State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE O	F DEATH (Chec						
o the chi	PHYS	1 YES 2 NO	1 Inpetient 2 ER/Outp		DOA 4 N	ming Home		8 Other (Specify)			
NG PHYSIC free this cer eath with th		Natural 5 Pending	(Month, Day, Year)	20	Bb. TIME OF INJURY M	28c. INJU WOF		28d. DESCRIBE HOW	INJURY OCCU	RED	
0 5 4 5 6	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home,	farm, street, fe	_		281. LOCATION (Street		Rural Route N	lumber,
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is mar	ETED	4 Homicide determined	bunuing, etc. (opec	агу)				City or Town, State	e)		
	COMPLET		ICIAN: To the best of my know								
TO THE HOSPITAL TO THE FUNERAL BE filed within 72 h	8	2   MEDICAL EXAMINI	ER: On the basis of examination	n and/or Inve	stigation, in my	opinion, de	ath occured at the	time, date and place, a	and due to the o	cause(s) and r	nanner as stated.
PORT FEET	B	296. SIGNATURE AND TITLE OF CERTIFIE	hord.				29c. LICENSE NUI		29d. DATE S	GIGNED (Month	), Day, Year)
223	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27	) (Type, Print)		V 0/8	963		37 8/	76
[		R. Najara, M.D.	118 North St			n, M	21921				
		31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNA	ATURE							
		MAR 0 8 1996	Julia Davidson	Mardal	<u> </u>						



		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIEN		
		19120860	Mildred Vio	la Thorn	ton		2. DATE OF DEATH MONTH	AY - 9 VEAR	3. ТIME OF ОЕАТН 455р м
P		4. SOCIAL SECURITY NUMBER 579 26 3083	5. SEX 1 M 2 F 8. AGE (	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Matron 2011	908 Was	THPLACE (Sinte or Foreign	
2, 3 should	CTOR	96. FACILITY NAME (If not institution, give st Solomons Nursing I			Solomo	OR LOCATION OF DI	EATH	sc county of Calver	DEATH
if. Pages 1,	DIREC	10e. STATE 10b. COUNTY Maryland Calve		10c. CIT	Y, TOWN OR LOCAL LUSBY				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
n. ansit permit.	FUNERAL	397 Overlook Dri	ve	•	10	1. ZIP CODE 20657		10g. CITIZEN OF United	WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 ( RO	If yes, sp	CENDENT OF HISPAI pecify Cuben, Mexics 3 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Ble	CE — American Indian, ck, White, stc. colly:White
D 2121 spital or atte	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT us) housew		ON ost of working	OWN ho	SINESS/INDUSTRY	
YLA by the be ded	BE CO	17. FATHER'S NAME (First, Middle, Last) Arthur Moore				Goldie	ME (First, Middle, Maiden e Kidwell		
be retain ge 5 sho e notifi	10	190. INFORMANT'S NAME (Type/Print) Robert E. Litz -		same	as #10		Route Number, City or Town	n, State, Zip Code)	
e 6 m ector.		20a. METHOD OF OISPOSITION  1   XBuriel   2   Cremation   3   Remote 4   Donation   6   Other (Specify)      21. SIGNATURE OF FUNERAL SERVICE LICE		PLACE AND DATE	T Cemete		Sui	tland Ma	aryland
SAL r death. re funer al.		+ BRau	oc		4405 E		s. RD. POr	_	HOme PA lic Maryland
ed within 24 hours completely filled in the all cremation, or re-	7	23. PART i. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cerebr	ach ilna.	scule		haa cardiac or reapi C1 den LL) H	I	Approximata interval Batween Onset and Death
th certificate be ending physician I Hygiene prior to or other traus	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Cerebor	CONSEQUENCE OF	ell	Qe.	ree		
requires that the been signed by the t. of Health and M shows any injury	I: MEDICAL	PART II. Other algorificant conditions  DID TOBACCO USE CONTR	a contributing to death by		in the underlying	g ceuae givan in	1 D YES 2	MEO?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: The law certificate has be the State Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO.		26. PLACE OF DEAT	H (Check only one)	e 8 - Residence			
FE SE SE	ву РНУ	27. MANNEY OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ URY WO		26d. OESCRIBE HOW IN	NJURY OCCURED	
TTENDI TTENDI TTOR: A after de	ETED 8	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Special Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	— At home, farm, s	treet, factory, offic		261. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
単元   三	COMPL		CIAN: To the best of my knowled: On the basis of sxamination						s) and manner as stated.
TO THE HOSP! TO THE FUNEF De filed within IMPORTANT:	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	a			D (94	427	· 3/	15/96
	-	30. NAME AND ADDRESS OF PERSON WHO Anwar T. Munshi 31. DATE FILED (Month, Day, Year)			Rd. Prin	nce Frede	erick Maryl	and 206	78
		MAR 1 5 19	32. REGISTRAR'S SIGNA	wilson Rando	Ц				



## Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Thomas Clark Thayer Physician March 15 1996 945 pm /Medical 4c. County of Deeth Calvert 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner 126 Square Rigger Way Solomons 5. Social Security Number If Under 1 Year If Under 24 Hrs. Birthplece (State or Foreign Country) 7. Age (In yrs. iest birthdey) 8. Dete of Birth (Month, Day, Year) **Funeral** 150M 2□ F Months Deys Hours 230 40 4411 60 Yrs. Director May 10 1935 Nevada Usuel Residence of Decedent with the Marylend 10a Stete 10b. County 10c. City. Town or Location 28a-f show 10d. Inside City Limits Ital Hygiene. d other than "natural", or items 23a or 28a-f show event, the Modical Examiner must be nothed at Maryland Calvert Solomons 1 ☐ Yas 2 X No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20688 United States 126 Square Rigger Way death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. pernit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or ite may injury or other traumatic event, the Medical Examines and in the Medical Examines page. Bleck, White, etc. white 1 Never Merried 2 Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ 3 Widowed 4 Divorced Yeer or Detes: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Systems Analyst Federal Government 17. Fether's Nema (First, Middle, Last) 18. Mother's Nema (First, Middle, Meiden Sumeme) Be Thomas Prence Thayer Harriet Margory Clark 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Virginia Thayer wife same as #10 20b. Piece of Disposition (Neme of cometery, cremetory or other piece) March 17 Metropolitan Funeral Service 20e, Method of Disposition Det 1996 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetlon 3 ☐ Removel from State Alexandria Virginia 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Rausch Funeral Home PA 4405 Broomes Is. Rd. POrt Republic Maryland 20676 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory errest, shock, or haert fellure. List only one cause on each line. Approximete Intervel Between **Onset and Deeth** Physician advanced multiple sclerosis /Medical Immediete Ceuse (Final diseese or condition resulting in deeth) **Examiner** Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate causa. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Box 68760, Physician/Medical Due to (or es e consequence of): d guipue for u signed by the a Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Dfd tobacco use contributs to the cause of death? No No 3 Probably 4 Unknown δ certificate has been si irector, page 2 should I 24b. Were autopsy findings available prior to Completed 24e. Wes an eutopsy performed? completion of cause of death? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: director. Be 25. Wes case referred to medica 26. Place of Deeth (Check only one) Other: 4 Nursing Home Residence 8 Other (Specify) 1 Yes 2 No 0 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funerai 28a. Date of Injury (Month, Dey Year) 28d. Dascribe how injury occurred 27. Manner of Deeth 28b. Time of Certification: 28c. Injury at Work? After 5 Pending investigation Naturel ours after deeth.

neral Director: Af 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be datamined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of tnjury - At homa, farm, street, fectory, office building, etc. (Specify) 4 Homicide 6 To the Hospital within 24 hours a To the Funeral Completely filled the Hospital 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the ceusa(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred et the time, date and place, and due to the causa(s) end menner steted. 29e. Cartiflei Medical (Check only one) 29b. Signature and title of profifier 29d. Dete signed (Month, Day, Year) 29c. License number 30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) Frederick MA 20678 20 Horato

DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Dey, Year)

32. Registrer'a Signature

1996

Ithin Davidson Rardall

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 0922

						Cer	tificate of	Death	,	Reg. No.	) (	266	U
	Dhyala	ion	1. Decedant's Nama (First, Mic		,		TOUNET		2. Date of De Month		Year	3. Tima of	Death
	Physic /Medi		CHARLES	STEVEN		T	'ICHNEL		MARCH	18 19	996	1:37	PM
	Exami	ner	4e. Facility Name (If not institut		)			4b. City, Town, or					
L	_	-	60 STEYER M		- de un testida	ehi da i A	If Under 1 Year	OAKLA if Under 24 Hrs		GARRI			
	Funeral Director		5. Social Security Number  723-14-6106  Usual Rasidence of Decedent	6. Sax 7. A	ga (In yrs. last bir 74	Yrs.	Months Days		(Month, Da	in, Year) 20, 1921	Cour	place (State on http:// yland	ir Foreign
	hend wo		10a. State 10b. Coun	ty	10c. City, Town	n or Loc	eation				1	10d. Insida Ci	ity Limita
	the Maryler 28a-f show notified at	ठ्	MD G	arrett		0a	akland					1 🗆 Yas	2 🛛 No
	or 28s	Director	10a. Street and Number				10f. Zip Coda			10g. Citizan of	What Cou	ntry?	
	23a c	<u>a</u>	5510 Gorman R	oad			2	1550		US	A		
Maryland 21215-0020	72 hours efter death with the Maryland natural', or Nerns 23s or 28s-f show arest Evanine (mast be notified at	MD Garrett  10a. Street and Number  5510 Gorman Road  11. Meritel Status  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1 Navar Merriad 2 Married  1		?	S. 13. Was Decedant of Hispanic Origin? (Specify Yas or I If Yes, specify Cuben, Maxican, Puerto Rican, atc.)  1  Yes 2 🕅 No Specify:				Specify				
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re,	ges 1 end it of Health If item 27 or other tr		20a. Method of Disposition		20b. Place of		ition (Nama of atory or other pla		Data	20c. Location	City or To	own, Stata	
m	Pages net of I nt: If its		1 XBuriai 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Othar	n 3 □Ramovai from Stata (Specify)			irch Ceme		3/24/96	0aklan	d, MD	)	
Baltimore,	permit. Pag Depertment Important: If any Injury o	:	21. Signature of Funeral Sarvio	a Licensaa		22.	Name end Addra	ess of Facility Funeral H	Home				
	6 10		23a. Pert1. Entar tha disease, shock, or heert failure. LI	or complications that cause	d tha daath. Do r	not anta	r tha moda of dyi	cond St.	c or raspiratory a	rrest,	21550	Approximat	a
4	Physician		ortoon, or recont langle.	or only one cause or each	4.43	,						Interval Bet Onset end [	Deeth
a	/Medical Examiner		Immediata Cause (Finel disease or condition	· Mu	Hule	long	wies					Sudden	1
п	Examinion	la la	rasulting In death)		Due to (or as a						1		
	ted nsit	- File		b							1		
,	icete be axecuted physician and s the burief-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	1	Dua to (or as a o	consequ	rance of):				i		
68760,	sicla bur		that initiated evants	С	Due to (or as e c	onsequi	ence of):						
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0	the de by the stached	hys	Part II. Other significant condi	none contributing to death t	out not rasulting in	ı ma un	danying causa gr	/en in Pan I.		tobacco use co Yes 2□ No	3 Pro	1/	Unknown
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Records,	requir been s should	Completed	-81 -8							an eutopsy prmed?	av	ere autopsy frailable prior to empletion of condeth?	lo
Ä	The law ate has page 2	EO.							101	Yas 2□No	1	Yes 20	No
of Vital		Be (	25. Was casa rafarred to medic axaminer?	al				26. Placa of Da	ath (Check only o	ona)		1	
> t <	Physician: r this certific rel director.	2	1X Yes 2 No	Hospital: 1 Inpati	ent 2 ER/Ou	tpatient	3□ DOA Oth	ner: 4 Nursing H	loma 5 ☐ Rasi	danca 8 Doth	ar (Specii	y) FIEI	'D
	ding P. After t funere	on:	27. Mannar of Death 1 □Natural 5 □ Pend			lime of	28c. Injui Wo		28d. Dascribe	how injury occur	red 60	THE CO	mty
Division	H H H	Certification:	3 Suicida 6 □ Coul	d not be	8/94 /33	-	1	Yas 217No	STEYET A	Street and Numb	10 0	al Routa Num	vd_
2	after death Director:	ertif	4 ☐ Homicida data	mined 28a. Place of in building, at	jury - At homa, fai ic. (Specify)	rm, stra	et, factory, office		City or To	wn, Stata) Say		opera	toro
	spital nours neral rfilled		29a. Cartifier 1 ☐ Certify	ing Physician: To tha best	of my knowledge	death	occurred at the tir	ma, data and place	and dua to tha	causa(s) and mi	ncc L	tated.	(d
	A Fur	edical		i Examinar: On the basis of and mannar st	f exemination and								1)
	To the Hospital or Atta within 24 hours after de To the Funeral Directo completely filled in by the	M	29b. Signetura and title of cartif	iar	,		29c. Licens	se number		29d. Data signe	d (Month,	Day, Year)	
			Theod	u U. Kin	on &		O.C.	M.E.		MARCH	19,1	1996	
		1	30. Name end addrass ot perso	n who complated cause of	eeth (Itam 23a) (	Туре, Р	rint)			37- 3		11201	-
		9	TEUDURE			enn	Street	, Balti	Lmore,	Maryla	nd 2	21201	
	Sta Registi		31. Date filed (Month, Day, Yea	//. /	rar's Signatura	of the							

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BALTIMORE, MARYLAND 21215-0020	neurs after death. Pane & may be retained by the hospital or attending observing
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M	Pane 6
ALT	death
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	Distre

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an accompletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Leist)  MARGARET W. TH	OMPSON				2. DATE OF DEATH MONTH March 12	1996 YE	3. TIME OF DEATH  7 · () () P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 K F	6. AGE (In yrs. leat birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) Oct 23 18		HRTHPLACE (State or Foreign country)	
	214-07-5375		98 YRS.					aryland	
-	Sa. FACILITY NAME (If not institution, give			9b. CITY, TOWN C	OR LOCATION OF E	EATH	9c. COUNTY	OF DEATH	
0	Egle Nursing Ho	ome		Lonac	50-	Alle	gany		
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	v	10c CIT	V TOWN OR LOCAT	TON			10d. INSIDE CITY	
	Egle Nursing Home Lonaconing Allega RESIDENCE OF DECEDENT  106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION  Maryland Allegany Lonaconing							LIMITS?	
A P	10a. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	42 Douglas Ave	a .		- 11/	21539		United	States	
2	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specity Ye		RACE American Indian, Black, White, etc.	
BY	1 N Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO	If yes, sp 1 TYES	2 NO Spec	an, Puerio Rican, etc.) fly:		Specify: White	
8	15. DECEDENT'S EDI	JCATION	16a. DECEOENT'S	USUAL OCCUPATIO	ON	16b. KIND OF BU	ISINESS/INDUST	RY	
COMPLET	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +	Illin Da NOT us	work done during mo se retired.)	st of working				
립	8		Child's	Aide Dea	of Schoo	1 Educa	tion		
S S	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Sumama)		
	George Thompso	n				ie Mckenzie			
BE	19s. INFORMANT'S NAME (Type/Print)	)II	10h MAII ING	ADDRESS (Street o		Route Number, City or Tox			
2						and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		,	
	Louise Hott					Land, Md. 2			
	20e, METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		cometery, crematory or of Frosto	of disposition (Nather place).  Urg Memo	meol rial Pai	ck 3-15-96	Frostbi	urg, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			D ADDRESS OF F				
	· Wayne	Boak			Funeral in St.	Home Lonaconing	. Md.		
	23. PART I. Enter the disesses, or shock, or heart failure.	complications that	caused the death. Do r	not enter the mo	de of dying, su	ch ss cardiac or resp	elratory srrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fins)			15 0	2	margan A		Onset and Death	
	disease or condition resulting in death)	· (Peri	to Mucco	indial	dont	netion		2 dous	
		DUE TO	on as a consecuence of	F):	D			7	
z		& Gener	elened art	emoso	Derosis			10 years	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEQUENCE OF	F):					
2	cause. Enter UNDERLYING CAUSE (Disesse or Injury	c							
발	that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEQUENCE OF	F):					
19	Tooling in Joanny Exo	d							
	PART II. Other significant conditio	ns contributing to	death but not regulting	in the underlying	ceuse alven le	Part I. 24s, WAS AN	Airmoney	24b. WERE AUTOPSY FINDINGS	
EDICAL	01	+ ' 0'+	1	the encorrying	g course given in	PERFO		AVAILABLE PRIOR TO	
ă	Chronic dive					1 🗆 YES :	2 NO	COMPLETION OF CAUSE OF DEATH?	
Z	Chiema Br	onchit	Λ				,	1 TYES 2 ND	
ż									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	heck only one)			
S	1 TES 25 NO		ER/Outpatient 3 DOA	4 D. Nursing Hom	e 5 🗆 Rasidence	5 Cher (Specify)			
E	27. MANNER OF DEATH	26a. DATE OF (Month, De	NJURY 25b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCURE	D	
BY I	1 Natural 5 Pending 2 Accident Investigation				/ES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE Of	INJURY At home, farm, setc. (Specify)	street, factory, offic		28f. LOCATION (Street City or Town, State	and Number or R	ural Route Number,	
TED	4 Homicide determined		na (openny)			City or rown, state	,		
COMPLET	29a. CERTIFIER TO CERTIFYING PHYS	SICIAN: To the best of	my knowledge, death occurr	ed at the time date	and place, and du	e to the cause(s) and me	onner se steted		
×								use(a) and manner as stated.	
101							32.3		
					00. 110	AAD CO	0015:		
BE C	296. SIGNATURE AND TITLE OF CERTIFIE		0		29c. LICENSE NU	IMBER	29d. DATE SIG	NED (Month, Day, Year)	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	AN	O		DO 70	)64	29d. DATE \$10	NED (Month, Day, Year)	
		AN	E OF DEATH (ITEM 27) (Type) 57 ACKSON		D070	004	13	NED (Month, Day, Year) 13 96 539	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	HO COMPLÈTEO CAUS			D070	004	13	13 96	

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.
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BALTIM	r death. Page
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE O	F MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	H		REG. NO.

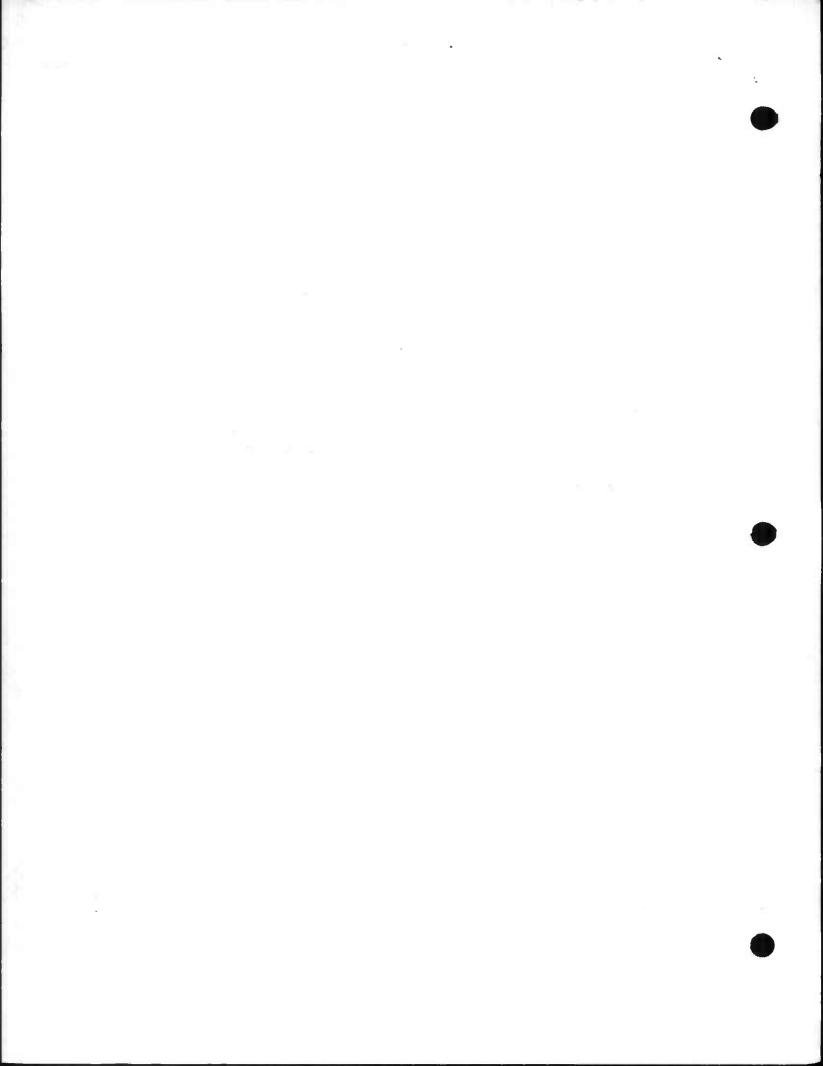
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, L	Lest)	CENTIFI	CATE OF	DEATH	REG. NO.		3. TIME OF DEATH
	LEWIS 7	TRUXELL	TICH	NIFC	4	MONTH DAY		
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR		March 11 7. DATE OF BIRTH	1996	RTHPLACE (State or For
	216-22-6928	1 M 2 F		MONTHS DAYS	NOUSE MIN	(Month, Day, Year)	Cou	laryland
	Se. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOWN (	OR LOCATION OF DEA		9c. COUNTY OF	
2	Chestnut G	rove Road						
RECTOR	RESIDENCE OF DECEDEN	T			nton		<u> Carre</u>	tt
E	10a. STATE 10b. CO	UNTY	10c. CITY,	, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
۵	Maryland Ga	rrett	St	wanton				1 TYES 2 X
FUNERAL		*** 1		10	I. ZIP CODE			F WHAT COUNTRY?
NE NE	17754 Maryland	12. WAS DECEDENT EVE	D IN (I C ADMED	42 990 050	21561	ORIGIN? (Specify Year		States
	1 Never Married 2 Married	FORCES? 1 Y	ES 2 NO	If yes, sp	ecify Cuban, Maxican,		BI	ACE — American India lack, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1 L YES	2 NO Specify:		Sp	White
8	15. DECEDENT'S (Specify only highest	EDUCATION COMPANY	18a, DECEDENT'S L	USUAL OCCUPATION	ON	16b. KIND OF BUSI	INESS/INDUSTRY	Y
ETE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	Foreman			
MPI	11	27 May 1 1 1 1	Westvaco	Mainter		Paper	Manufa	acture
COMPL	17. FATHER'S NAME (First, Middle, Las	0			18. MOTNER'S NAM	E (First, Middle, Malden S		
BE (	Troxell Tich	mell			Mary My	rtle Hoop	engardn	ner
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural Ro	ute Number, City or Town,	State, Zip Code)	
	Shirley Virt				and Highwa		on, Md.	
	20e. METHOD OF DISPOSITION 1 December 1 December 2 December 2 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 December 3 Dece	Removal from State	20b. PLACE AND DATE OF cometery, crematory or oth	F DISPOSITION (Na	ame of	DATE 20c. LOC	ATION — City or	Town, Stata
	4 Donation 8 Other (Specify)		remetery, crematory or oth Tichne				anton,	Md.
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	7. //			LITY		
	1 1/1/2	121 11	//		Funeral			
	23. PART I. Enter the discesses, shock, or heart felle iMMEDIATE CAUSE (Final disease or condition reaulting in death)	ure. List only one cause or	ised the deeth, Do non each line.	Boal 111 ot enter the mo	Funeral Church St ode of dying, such	Home . Western	story errest,	Approxima Interval Be
IFICATION	shock, or heart felting immediate cause. Enter UNDERLYING CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a	n eech line.	Boal 111 of enter the modes + 2	Funeral Church St ode of dying, such	Home . Western	story errest,	Approxima Interval Be
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MANNER OF DEATH 1 Netural 8 Pending Investigate 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 Netural 1 N	a	AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)	Boal 111 of enter the model  e < + 2 ):  n the underlyin  26. Pi  OTHER: 4   Nursing Nom  E OF   28c. iNu MY   1   1  treet, factory, offic d at the time, data n, in my opinion, c	Funeral Church St Inda of dying, such O Garage given in P  LACE OF DEATN (Check THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST THE ST TH THE ST THE ST THE ST TH THE ST TH THE ST TH TH TH TH TH TH TH TH TH TH TH TH TH	es cerdiec or respir  CCL C A L CL  art I. 24a. WAS AN A PERFORE 1 YES 27  K only one)  Cother (Specify)  28d. DESCRIBE NOW IN  28f. LOCATION (Street ar City or Town, State)  to the cause(a) and menume, data and place, and	AUTOPSY MED?  ANO  ANO  ANO  ANO  ANO  ANO  ANO  AN	Approxima interval Be Onset and Onset and Could be a set on the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Co

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permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a honor after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	V VE	3. TIME OF DEATH		
	Elizabeth Eleanor					3 1	8 9 6	5" 5:00 A M		
	115-38-1777	□ M 2 10 F 85	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6 / 21 / 10	6. 5	Country)  N Y		
H.	9a. FACILITY NAME (If not Institution, give street 6241 S. Point RD			96. CITY, TOWN O	OR LOCATION OF D	EATH	9c. COUNTY	of DEATH ester		
5	RESIDENCE OF DECEDENT									
DIRECTOR	MD Worce	r, town or locat Berli				10d, INSIDE CITY LIMITS?  1 TYES 2 TO NO				
FUNERAL	100. STREET AND NUMBER 6241 S. Point RD				10f. ZIP CODE 21811			10g. CITIZEN OF WHAT COUNTRY?		
JNE		2. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DEC		NIC ORIGIN? (Specify Yea		RACE — American Indian,		
В	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	Z NO	If yes, sp		in, Puerto Rican, etc.)		Black, White, etc.  Specify: White		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION 16a.	(Give kind of v	USUAL OCCUPATION	ON st of working	16b. KIND OF BUS	SINESS/INDUST	RY		
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	House			Hom	ne .			
O	17. FATHER'S NAME (First, Middle, Lest)		nouse		18. MOTHER'S NA	ME (First, Middle, Maiden				
BE C	John Keightley		_		Elizab	eth Ander	son			
TOE	19a. INFORMANT'S NAME (Type/Print)  Barbara Brown					Floute Number, City or Town				
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 Removal	20b. PLA	CE AND DATE (	EDISPOSITION/Na	me of	3/20-496200 100	CATION - City	or Town State		
	4 Donation 5 Other (Specify)	St.	Paul's	Episcop	al Chur	chyard Be	rlin, A	1D		
	21. SIGNATURE OF PUNETAL SERVICE LICENT	Burkeli			Williams	St. Berlin		eral Home 21811		
	23. PART I. Enter the diseases, or/com shock, or heart failure. List	plicetions that caused the	deeth. Do n				-	Approximate		
	IMMEDIATE CAUSE (Final	only one dauge on eech	iine.	1	r 4			Interval Between Onset and Death		
ŀ	disease or condition resulting in death)	DUE TO OR AS A CON	row	121	cretio	)		5 minks		
z		50E 10 (011 AS A CON	ISEGUENCE OF	7-						
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	ISEQUENCE OF	):						
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF	):						
EH	resulting in death) LAST									
	PART ii. Other significent conditions c	ontributing to death but no	ot resulting i	n the underlying	ceuse given in	Pert i. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ME							-	OF DEATH?		
ÿ	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF D	EATH YE	S NO C	UNCERTAIL	V 🗆				
PHYSICIAN:		OSPITAL:		H (Check only one) OTHER:						
HYS	1 YES 2 NO 1 [	□ Inpetient 2 □ ER/Outpetient 25a. DATE OF INJURY	28b, TIM			6 Other (Specify)  28d. DESCRIBE HOW II	N HIBY OCCUBE	0		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	JRY WO	RK? 'ES 2 NO	EGG. DEGGNADE NOW II	NOON COCONE			
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — At building, atc. (Specify)	t home, farm, s	treet, fectory, office		261. LOCATION (Street a City or Town, State)	and Number or Re	ural Route Number,		
	4 Homicide determined									
COMPLETED		N: To the best of my knowledge.								
	29b. SIGNATURE AND TITLE OF CERTIFIER	on the basis of examination and	707 Investigation	i, in my opinion, o	29c. LICENSE NUM					
BE C	me de	M	1shy 5	16/20	H44	283	P 3	NED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (	TEM 27) (Type,	Print)	HenH	WYW Dr B	prlia	MUSIRII		
70	31. DATE FILED (Month, Day, Year) MAR 1 9 1996	32. REGISTRAR'S SIGNATURE			//CU/III	wy Fire	CIUII	11 100010 11		
	MAR 1 9 1996	Him diduction	Mardall							



YEAR

3. TIME OF DEATH

REG. NO 2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

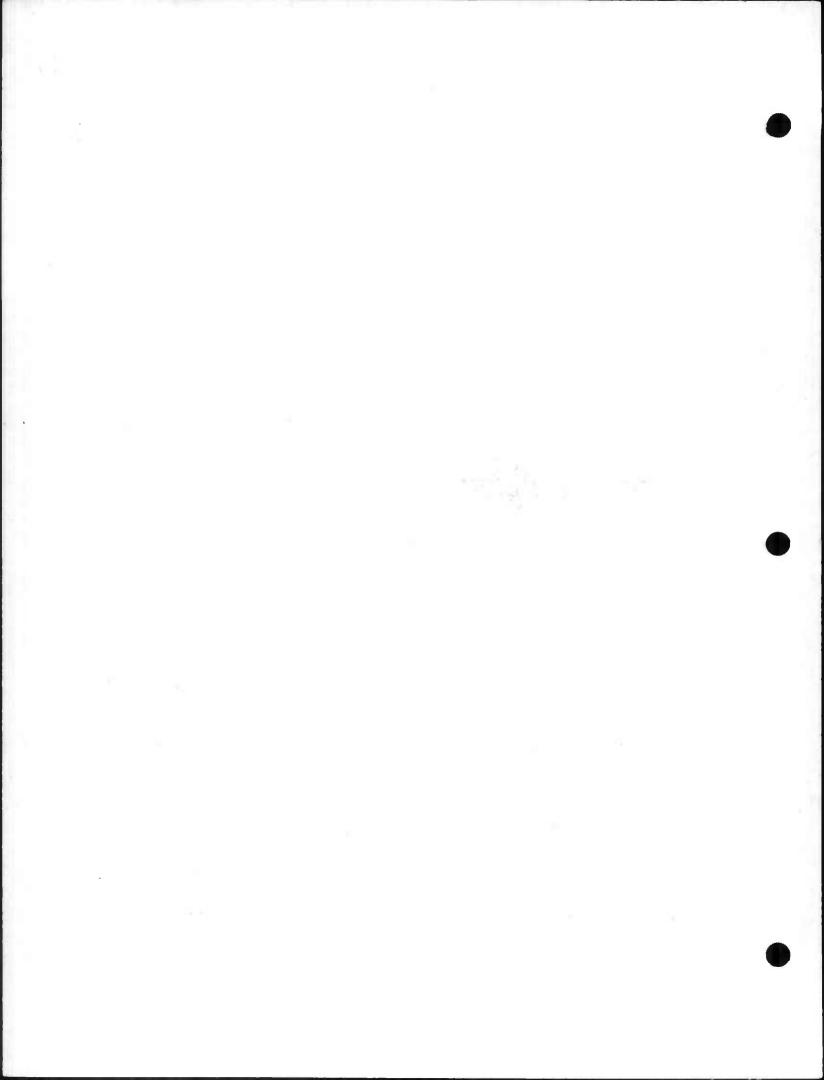
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ALTCE MILDRED TWIGG MARCH 22:40 М 996 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DEC 15 1933 IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) DAYS 1 🗆 M 2 💢 MARYLAND 217-30-1991 62 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and numb 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH DIRECTOR MEMORIAL HOSPITAL & MEDICAL CENTER CUMBERLAND ALLEGANY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1XXYES 2 □ NO CUMBERLAND MARYLAND ALLEGANY FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE use as the burial-transit 509 REGINA AVE. 21502 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 NO Il yes, specify Cuban, Maxican, Puerto Rican, atc.) Never Married 2 Married Specify: WHITE 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 18s. DECEOENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) łoć Elementary/Secondary (0-12) College (1-4 or 5+) COMPL detached SILK/MANUF. 12 CELANESE CORP. once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F KATHERINE E. FISHER FRANCIS T. TWIGG BE notified page 5 should 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 509 REGINA AVE. CUMBERLAND MARYLAND 21502 WILLIAM EASTON 90 20s. METHOD OF DISPOSITION

1) Buriel 2 Cremetion 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must funeral director, SUNSET CEMETERY MARCH 18 1996 CUMBERLAND MARYLAND Donalion 8 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY Sale MERRITT-ADAMS FUNERAL HOME will 404 DECATUR STREET CUMBERLAND MARYLAND filled in by the fion, or removal. ox. medicai 23. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line. Approximata Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel cremation, the disease or condition within 24 1 day HEMORRHAGE, INTRACEREBRAL and completely fi to burial, cremation resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If sny, leading to immediate cause. Enter UNDERLYING attending physician intal Hygiene prior to 2 certificate other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST death OIRECTOR: After this certificate has been signed by the atten hours after death with the State Dept, of Health and Mental Is Item 28 is marked, or Item 23 shows any Injury, o PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL age of PERFORMED? AWAILABLE PRIOR TO that COMPLETION OF CAUSE requires 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO D UNCERTAIN | AW. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Realdence 8 | Other (Specify) 1 VES 2 NO atlant 2 ER/Oulpetlant 3 DOA OR ATTENDING PHYSICIAN: 27. MANNED OF DEATH 1 Natural 5 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, lerm, street, lectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide determined 29s. CERTIFIER

(Chack only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL OF FILE WITHIN 72 N IMPORTANT: If IN (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 Mynall March 1996 14389 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6 AUGUSTO FIGUEROA JOHNSON HEIGHTS, CUMBERLAND, MD 21502 eka 31. DATE FILED (MMAR 19 1996 32. REDISTRATE SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 



# Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q.C.

				State of Mary		ertificate o			Reg. No.	09225
	Physic	an	1. Decedent's Nama (First, Middla, Las	()				2. Data of Das Month		3. Time of Death
ı	/Medi		JOHN KENNETH TO				(	March 1	12, 1996	2:30 A.M.
9	Examir	ner	4a. Facility Name (If not Institution, giva	street and number)			4b. City, Town, or	Location of Deeth	4c. County of	of Death
	N Inch		11008 ROSEMONT D 5. Social Security Number 6. Se		yrs. last birthde	if Under 1 Yes	ROCKVILL ar If Under 24 Hrs		MONTGO	
	Funeral Director			DM 2□F 86	Yrs. last birting	Months Day	s Hours Min.		1909	Birthplaca (Stata or Foreign Country)     MD
	show ed at		10a. Stete 10b. County	100	c. City, Town or	Location				10d. Inside City Limits
	S Me	Director	MD Montgomes	су	Rockv	ille				X¹□Yas 2□No
	or 2	Dire	10a. Street and Number			10f. Zip Code			10g. Citizan of W	hat Country?
	ath v	-ai	11008 Rosemont Dr			2085			USA	
020	within 72 hours after death with the Manyland ene. than "natural", or items 23s or 28s-f show he Medical Examine must be notified at	by Funeral	11. Marital Status  1 □ Naver Married X2 □ Merried  3 □ Widowed 4 □ Divorced	12. Was Decedant Ever Armed Forcas? X ☐ Yes 2 ☐ No If Yas, Giva Yeer or Datas		3. Was Dacedent of if Yes, specify Co	f Hispanic Origin? (Suben, Maxican, Puar o Specify:	Specify Yas or No- to Rican, atc.)	Specify:	- American Indien, c, White, etc.
0	2 hot	P	15. Decedent's Ed	ucation	18a De	cedant's Usual Occ	supation		16b. Kind of Bus	white siness/Industry
21215-0020	I within 72 h liene. Than *natu the Medical	Completed	(Specify only highast grad	da completad)  Coilega (1-4or 5+)		va kind of work dor a. DO NOT use reti ed Salesi	na duning most of wo		Forma	
	should be filed with ind Mental Hygiene. i marked other than umatic event, the M		12 17. Fathar's Nama (First, Middla, Last)		Retii	ed Salesi		ma (First, Middla,	Sears Meiden Sumama	a)
Maryland	id be ental ked o	To Be	Sherman Turner				Mary (H			7
ary	d 2 should by the and Menta Menta 7 is marked traumetic ex	-	19a Informant's Name/Relationship (7	VPP-Rant=	19b. Ma	ailing Addrass (Stre	et and Number or Ru		or, City or Town, S	Stele, Zip Code)
	alth a 27 is or train		Shirlee Solina	s/daughte	r 1100	18 Rosemo	nt Drive;	Pockvi 1	le MD	20852
ore,	ages 1 and 2 ant of Health a ht: If item 27 is y or other train		20e. Mathod of Disposition	21	0b. Piece of Dis	sposition (Nama of ramatory or other p	-	Dete		City or Town, Stata
E	Pages nent of I mrt: If its iry or o		X Burial 2 Cramation 3 1 4 Donation 5 Othar (Specify,	Removei from State			Gardens	02/15	aVale,	MD
Baltimore,	교통론증.		21. Signature of Funeral Service Licens			22. Nama and Add	fress of Fecility		Javare, I	<b>AD</b>
m	Depa impo any i		X Janes 70	000001			li Funera and, MD	l Home 21502		
ļ.			23e. Part . Entar the diseasa, or comp	lications that caused the	daeth. Do not	antar tha moda of d	ying, such as cardia	c or raspiratory ar	rast,	Approximata Intarval Between
	Physician /Medical Examiner		fmmediate Causa (Final disease or condition rasulting in death)	a Cardiova:	scular (					Onset and Death
	pe #st	nine		Arterios	cleroti	c Heart D	Disease			
68760,	ficate be executed g physician and as the burial-transit	al Examiner	Sequentially list conditions, if eny, laeding to immadiate causa. Enter Underlyling Cause (Disaasa or injury that initiated evants	Dua	to (or as a cons	saquance of):				
Box 687	E 0.6	n/Medical	rasulting in deeth) Last	d	to (or es e cons	equence of);				
	the death cert y the attendin sched for use	icia	Part li. Other significant conditions co	ntributing to death but no	t resulting in the	undadving causa	niven in Part I	23h Did t	obacco usa con	tribute to the cause of death?
, P.O	that deta	y Physician/M	Cerebral Arterio		t rasoling in the	t undarrying causa	given in Part I.		37	3 Probably 4 Unknown
Vital Records,	e law requiras t has been signe je 2 should be o	Completed by	Left Hemispheric	Stroke					an autopsy med?	24b. Were autopsy findings available prior to completion of cause of death?
H	The ate h	Con						1 🗆 Y	as 2 No	1 Yas 2 No
ita i	ysician: The	Be	25. Was casa rafarred to medical axaminar?					ath (Check only o	na)	
0	this ald	2	1 □ Yas 2 No	Hospitel: 1 Inpatient		ient 3LI DOA		loma 5 Resid		
	After Tune	ation:	27. Mennar of Death 1	28a, Data of Injury (Month, Day Yea	ar) 28b. Time Injun	V W	juryat ∤ork? □Yas 2□No	28d. Dascribe h	ow Injury occurre	ed
Division	tal or Attend rs aftar death at Director: /	Certification:	3 Suicide 8 Could not be datarmined	28a. Place of Injury - building, atc. (Sp	At home, farm, pecify)	straat, factory, offic	9	28f. Location (S City or Tow	Street and Numbern, State)	or or Rural Route Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Cartifiar 1 ☐ Cartifying Phy (Check only one) 2 ☐ Madical Exami	sician: To the best of my ner: On the basis of exar end mennar steted.	knowledga, da minetion end/or	ath occurred et the invastigation, in my	time, dete and plece opinion, death occu	e, and dua to tha curred at tha tima, c	causa(s) and man data and place, a	nner es statad. nd due to the cause(s)
	To the Within 2 To the comple	Me	29b. Signature and title by certifier	10.		29c. Lice	nsa number		29d. Deta signed	(Month, Day, Year)
	6		Dergh M.	Sugar	M	D10	1101		March 1	2. 1996
			30. Neme and addrass of person who co	ompiated causa of death	(Itam 23a) (Typ		101			
	Roll		Joseph M. Solina				e Silver S	Spring. N	1D 2090	2
	Sta Registr	_	31. Data filed (Month, Dey, Year)	32. Registrer's S		de id				

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State of Maryland / Department of Health and Mental Hygiene 6 09226

					Certifica	ate of	Death	F	leg. No.	0 2	120											
Physicia /Medic		Decedant's Neme (First, Middle, Last)     CHARLES		W	ALTON			2. Data of Dea Martch	ith	9 <sup>Yeer</sup> 9	3. fu th											
Examin		4a. Facility Name (If not institution, giva streem PRINCE GEORGES   5. Sociel Security Number 6. Sex	HOSPITA 7. Age	AL (In yrs. last bil	rthdey) If Un	der 1 Yaar	4b. City, Town, or I Chever 1 If Undar 24 Hrs. Hours Min.	v	4c. County	ce G	eorge's											
Director		578-98-6194   XIXM	2 F	18	Yrs. Montr	is Days	Hours Min.	FEB.	26 ! 78	Wasl	nington I											
death with the Maryland ms 23s or 28s-f show man be notified at	Director	D.C. N/A  10e. Street end Number		Dist		f Co	olumbia		10g. Citizen of	What Count	15 Yes 2□No											
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5 22	by Funeral		Was Dacedant Ev Armed Forces? 1 ☐ Yes 2∑ No If Yes, Give Yaar or Detes:			cedent of pecify Cut	Hispenic Origin? (Span, Mexican, Puert	pecify Yes or No- pecify Yes or No- pecify Yes or No- pecify Yes or No-	14. Rad Bied Specify	e - America ok, White, a												
Maryland 21215-0020 d 2 should be filed within 72 hours after th and Mental Hygiene. The marked other then "natural; or he treumstic event, the Medical Examine	Completed	15. Decedent's Educati (Specify only highest grade co Elemantary/Secondery (0-12) 10th	on m <i>pleted)</i> College (1-4or 5+)			sual Occu work done Tuse retire	during most of wor ed)	king	16b. Kind of B		ustry											
Maryland 2 to 2 should be filled the and Mental Hygi t7 is marked other treumatic event, tr	To Be C	17. Fathar's Name (First, Middla, Last) Shirley Walton					18. Mother's Nan	ne (First, Middle, e Mack	Maiden Suman	na)												
2 sho and h		19e. Informent's Neme/Reletionship (Type,	,		. Meiling Addre	ess (Stree	t and Number or Ru	ral Route Numbe	r, City or Town,	State, Zip	Code)											
		Evelyn Harris (G		20b. Plece o	707 If Disposition (f	Veme of	Ave Se	at Plea	asant,		20743 vn, Stata											
D and D and D		Months	oval from Stete		wood C	emet	ery	3/13/9		_												
Balti Deparm Importar any inju		21. Signature of Funeral Service Licensee	6	#319	22 Name At 1 594	anti 8 Ac	ess of Eacility S Long Idison R	Funera: oad Sea	l Serv	ices asan	20743 t, MD											
Physician /Medical Examiner	Jer	Immediate Cause (Final disass or condition resulting in death)  e	Gunsl	not Wo	ound o	f Ch					Approximate Interval Between Onset and Death											
	Medical	Medical	Medical	Medical	Medical	Medical	Medical	Medical	Medical	Medic	Medical	Medical	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants rasulting in deeth) Last			consequance o						
P.O. Box that the death cert ad by the ettendin detached for usa	by Physician	Pert II. Other significant conditions contrib	uting to death but	not resulting i	n the underlyin	g cause gi	iven in Pert f.				the cause of death?											
cords requires been sign should be	Completed by P							24a. Was a	es 2/0 No an autopsy med?	24b, Wa	re autopsy findings lable prior to pletion of cause											
The lew ate has b page 2 s	omp							1/30	es 2 No		éath? XYas 2⊡ No											
Vital I	Bec	25. Was case referred to medical exeminer?					26. Piece of Dec	th (Check only o		X E-	X 17											
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On ding it.	tion	27. Menner of Deeth  1 Neturet 5 Pending 2 Accident Investigation	8a. Dete of Injury (Month, Dey ) 03/04/9	(ear) 280. 96 015	Time of Injury 57 A M	28c. Inju	ork? ]Yes 2⊠No	28d. Describe h	ow injury occur ct Sho													
Division To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	a Couldide 6 Could not be	8e. Pieca of Injury building, etc.	- At home, fe (Specify)				28f. Location (S City or Tow 500 B1	treet end Numb n, State) C Malb	or or Rural	Pike											
Hospiu     24 hours     Funers lataly fille	edicai	29e. Cartifier (Check only one) 1 Certifying Physicia 2 Medical Examinar:	n: To the best of	my knowledge kaminetion an	e, deeth occurre	ed et the ti	ime, dete end plece opinion, deeth occu	Capito, and due to the d rred et the time, d	euse(s) end ma	nner as sta	ited.											
To the Vithir To the comp	Me	29b. Signature and title of certifier	Hell		1		se number		29d. Dete signe March													
		30. Name and addrass of person who compl Maro F. Golle Jr				reet	, Balti	more, 1	Maryla	nd :	21201											
Stat Registra		31. Data filad (Month, Dey, Year) MAR 15 1996	32. Registrar	s Signatura	and the																	

DHMH 16 Ray 6/95

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State of Maryland / Department of Health and Mental Hygiene 96 09227

				Ce	rtificate c	of Death		Reg. No.	) (	1221
-		1. Decedent's Name (First, Middle, La	st)				2. Date of De	ath		3. Time of Death
Physici /Medic		JAMES H.	WRIGHT				Month	9.	Year 1996	0800
Examin		4a. Facility Name (If not institution, giv				4b. City, Town	, or Location of Deeth			0000
		3521 Brightseat	t Road			Lando	ver	Prin	ce Geo	orge's
Funeral		Social Security Number 6. S		s. last birthday)	if Under 1 Ye			th ,	9. Birthpi	ace (State or Foreig
Director		577-40-8228 Usual Residence of Decedent	<b>K</b> 3xM 2□ F 64	4 Yrs.	Months Da	ys Hours	Min. (Month, Da June 1		Wash:	ington, DC
and we		10a. State 10b. County	10c. C	City, Town or Le	ocation				10	d. Inside City Limit
death with the Maryland ms 23a or 28a-f show Linant be notified at	ō	Maryland Prince (	George's	Landov	or					VE Yes 2□N
the 288	Lec	10e. Street and Number	ocorge 5	Dandov	10f. Zip Cod	A		10g. Citizen of	What Count	n/2
with weith	ā		Dood			0785		Unite		•
eath w	era	3521 Brightseat 1	12. Was Decedent Ever in	II.e II.a		0.00	2 (Conside Ven es No		ce - America	
P 2 2	by Funeral Director	1 Never Married 2 X Married 3 Widowed 4 Divorced	Armed Forces?  1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		If Yes, specify C		? (Specify Yes or No Puerto Rican, etc.)	Specif	ck, White, e	itc.
n 72 hours "natural",				100 Dage	dentia Hausi Os	aum aki an				American
	Completed	15. Decedent's Ed (Specify only highest gra	ade completed)	(Give	dent's Usuai Oc e <i>kind of work do</i> DO NOT u <i>s</i> e rei	ne durina most of	working	16b. Kind of B	usiness/ind	ustry
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2 sh and is m		19a. informant's Name/Reletionship (					or Rural Route Number			Code)
and ealth m 27		Wilma Handon Wri					l, Landove			20785
Semit. Peges 1 ar Department of Hear Moortant: If Item 2 Inty Injury or other MCB.		20a. Method of Disposition  1 DXBurial 2 Cremation 3 C		Place of Dispo cemetery, cre	osition (Name of matory or other p	olace)	Date	20c. Location	- City or To	vn, State
Peg ment: Int: I		4 Donation 5 Other (Specific	22.2.111	incoln	Memoria	1 Cemete	ery 3/14/9	6 Suit	land,	Maryland
permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, tha Health State of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of		21. Signature of Funeral Service Licer		2:	2. Name and Ad	dress of Facility				
28188	1	Hal Total	1 11				HOME, Inc			
		21a Part 1. Enter the disease, or com	plications that caused the dea				ad, N. E.,		ton,	D. C. Approximate
		shock, or heart failure. List only	one cause on each line.	2011, DO 1101 011	101 1110 111000 01 1	zymę, suom as car	rolled of respiratory a	11001,	i	Interval Between Onset and Death
Physician /Medical		Immediate Course (Final								Criset and Death
Examiner		Immediate Cause (Final disease or condition resulting in death)	a. Adenocarc	inoma,	Unknown	Primary	7			6 Mo.
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certificate be execut ding physician and use as the bunel-tra		Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	0						ŧ.	
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dea of fo	Physician/	Part II. Other significant conditions of	ontributing to death but not re	sulting in the u	Inderlying cause	given in Part t.	23b. Did	tobacco uss co	ntributs to	the causs of death
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w require been si should	Completed						репо	med?	con	ilable prior to apletion of cause eath?
hes by ge 2 s	E .									
Fad	-						10	Yes 2 No	10	Yes 2 No
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	2	1 ☐ Yes 2 ☐KNo	Hospital: 1 ☐ Inpatient 2	☐ ER/Outpatier	III JUDA		ng Home 5 🗷 Resid	dence 6 □Oth	ner (Specify	)
After t	Certification:	27. Manner of Death 1 DiNatural 5 ☐ Pending	26a. Date of Injury (Month, Dey Year)	28b. Time o	28c. Ir	njury at Vork?	28d. Describe	now Injury occur	rred	
Attending ir death. ector: Afte by the fune	at	2 ☐ Accident investigation			M 1	☐ Yes 2☐ No				
or Attending after death. Director: After 3 in by the fune	Ħ	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Piece of tnjury - At l building, etc. (Spec		reet, factory, offic	Э	28f. Location (S	Street and Numi	ber or Rural	Route Number,
s aft o	Se		outling, etc. (open				0.07 0.70	m, olulo)		
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101	- h									
		30. Name and address of person who								
		30. Name and address of person who of Stephen Staa 31. Date filed (Month, Day, Year)				rive, La	ndover, Ma	aryland	2078	35

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month Day **Physician** 4, March 1996 5:00 PM Basil Wright /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince George's Hospital Cheverly Prince George's If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthdey) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 12 M 2□ F 217-17-1846 67 Director May 4, 1928 Jamaica WI Usual Residence of Decedent Maryland 10e State 10b. County 10c. City, Town or Location 10d. Insida Cify Limits 28a-f show the Medical Examiner must be notified at Maryland Prince George New Carrollton 1X Yes 2 No Director the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Нете 23а ог 7611 Fountainbleau Drive #2227 20784 Jamaica, WI 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Evar in U,S. Armed Forces? 14. Rece - American Indian, Bleck, White, etc. filed within 72 hours efter 1 ☐ Yas 2 XNo If Yes, Give 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 XNo Specify: **Black** Specify: by 3 ☐ Widowed 4 ☐ Divorced Year or Detes: "natural" Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Private 5th Cook 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic event poice. Be Unknown Emily Powell 2 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  $\pm 2227$ 19a. Informent's Name/Relationship (Type, Print) Inez Wright/Wife 7611 Fountainbleau Dr, New Carrollton 20784 20b. Plece of Disposition (Name of cematary, crematory or other pleca) 20c. Location - City or Town, Stata 20a. Method of Disposition Date 1 Buriel 2 Cremetion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Harmony Memorial Pk 3/11/96 Landover, MD 21. Signeture of Funaral Service Licensee 22. Name end Address of Fecility Busch J. B. Jenkins Funeral Home 23a. Parl. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. MD 20785 Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final INTRACEREBRAL HEMORRHAGE disaese or condition resulting in death) 1 WEEK Examiner Due to (or es a consequence of): 7 YEARS HYPERTENS ION The lew requires that the death certificate be executed Sequentially list conditions, if any, laading to Immediate cause. Entar Undarlying Ceuse (Disease or Injury that initiated events rasulting In death) Last Dua to (or es a consequence of): Box 68760. Physician/Medical Dua to (or as a consequence of) ed by the e Part II. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 3 Probably 4 Unknown 1 Tyes 2 No signed t þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Was an eutopsy performed? peen certificate has 1 Yes 2 X No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours effer death. Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 2 1 Yes 2 No 1 N Inpatiant 2 ER/Outpatient 3 DOA After this 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) Certification: 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Invastigation 1X Netural 1 ☐ Yes 2 ☐ No 2 Accident Director: 3 Sulcide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, fectory, office building, etc. (Specify) in by 4 Homicide 24 hours TO Certifying Physician: To the best of my knowledge, death occurred at the time, date end pleca, and due to the ceuse(s) and menner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) 29a. Certifier Medical end manner stated. To the within 2 To the 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number

State Registrar P.G.HOSPITAL CENTER CRITICAL CARE DEPT., 3001 HOSPITAL DR., CHEVERLY, MD.

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31. Dete filed (Month, Dey, Year)
MAR 1 4 1996

me and eddress of person who completed cause of death (Item 23e) (Type, Print)

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1996 SEL Manual Ball

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARY		TIMENT OF H			NO.		
	1. DECEDENT'S NAME (First, Middle, Las Velma Gail Wo	olford				2. DATE OF DEA MONTH	DAY	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  222 - 32 - 0191  98. FACILITY NAME (If not institution, give	5. SEX	E (In yrs. last birthday) 48 YRS.	IF UNDER 1 YEAR MONTHS DAYS  9b. CITY, TOWN 0	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF D	7. DATE OF BIRT (Month, Day, W June 15	1947	Country)	
HOH	2809 Biggs Highw			North E			Ce	cil	
DIRECTOR	Maryland 10b. coun	Cecil	1	ry, town or Locat				1	Od. INSIDE CITY LIMITS?
FUNEHAL	2809 Biggs Highw	ay			ZIP CODE				tates
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yes, spe		NIC ORIGIN? (Speci an, Puerto Rican, et fy:		Black, 1	- American Indian, White, etc. White
IEU	15. DECEDENT'S EI (Specify only highest gre		16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION Work done during moise retired.)	N It of working	16b. KIND 0	OF BUSINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	1.5	Bookkee	eper/Seci	16. MOTNER'S N	AME (First, Middle, A	eeping	Servi	ce
IO BE	Roy Lambert  190. INFORMANT'S NAME (Type/Print)			3 ADDRESS (Street a	nd Number or Rural				
	Charles R. Wolfd  20e. METHOD OF DISPOSITION 1   Burlel 2 % Cremetion 3   Re 4   Donation 5   Other (Specify)    21. SIGNATURE OF WELLER	emoval from State	0b. PLACE AND DATE	ris Crema 22. NAME AN Crouch	ne of Ltory D ADDRESS OF F D Funera	3/11/96 ACILITY 1 Home	West (	Chy or Town	er, Penna.
CENTIFICATION	23. PART I. Enter the diseases, or shock, or heart failur immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inkitisted events.	a. Breast DUE TO (OR A)  DUE TO (OR A)	each line.	not enter the mo					Approximate Interval Between Onset and Death
FITTSICIAN. MEDICAL CENT	PART II. Other algorificent conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the co					1 _ 1	AS AN AUTOPSY ERFORMED? YES 2 NO	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	26. PLACE OF DEA	ATH (Check only one) OTHER:					
0	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Yes	ry 28b. Til	ME OF JURY WO	URY AT RK7	28t. LOCATION (	NOW INJURY OC		ute Number,
10 BE COMPLETED	29e. CERTIFIER 1 CERTIFYING PH (Check only one) 2 MEDICAL EXAM  29b. SIGNATUM AND ADDRESS OF PERSON  The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	YSICIAN: To the best of my kn INER: On the basis of examina WNO COMPLETED CAUSE OF	owledge, death occur tion and/or investigat	ton, In my opinion, d	eath occured at the	umber	nd menner as sta ace, and due to the	he cause(s)	and manner as stated.  Month, Day, Year)  10, 1996  Elkton, M

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er death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should val.	il examiner must be notifiled at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
C	FRIFICATE	OF DEAT	TH.		DEC NO

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
ROGER JEROME	WILLIAMS,	SR.			March	"1 199 G	11:300"
4. SOCIAL SECURITY NUMBER	5, SEX 6. AGE (In )		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign
579-58-1243  9e. FACILITY NAME (If not institution, give stre	11 M 2 □ F 49	YRS.	NTHS DAYS	HOURS MIN.	April 24,		shington.DC
1 1 1	and Hospita			linto.		Prince	6
10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	George's		Temple				1 💢 YES 2 🗌 NO
100. STREET AND NUMBER			10f	ZIP CODE			WHAT COUNTRY?
4110 Lyons Street	12. WAS DECEDENT EVER IN U	I C ADMED	12 100 000	20748	IIC ORIGIN? (Specify Yes	United	
1 Never Merried 2 X Married	FORCES? 1 TYPES IF YES, GIVE WAR OR DATE  7/30/63 - 7/2	2 NO	Il yes, spe		n, Puerto Ricen, atc.)	Ble	CE — American Indian, lock, White, etc.
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 1	6e. DECEDENT'S USI	done during mo	N st of working	18b. KIND OF BU	SINESS/INDUSTRY	Bluck
Elementary/Secondary (0-12)	College (1-4 or 5+)	Printing		list	G	overnmen	it
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden		
James A. William	ms, Sr.			Berni	ce Graves		
19a. INFORMANT'S NAME (Type/Print)		196. MAILING AD	DRESS (Street e	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
Dorothea F. Will:	iams - Wife	4110 Ly	ons St	reet, Te	mple Hills	, Maryla	nd 20748
20e. METHOD OF DISPOSITION  1 X Buriel 2 Cremetion 3 Remove  4 Donation 5 Other (Specify)	val from State cemete	LACE AND DATE OF D ery, cremetory or other armony Me	placa)		1	andover.	Town, State Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AN	ID ADDRESS OF FA	CILITY		nary rana
Dohn T.	townat 7	M			RAL HOME,		naton D C
23 MT I. Enter the diseases, or co	emplications that caused t	he deeth. Do not					Ington, D.C.
ahock, or heart failure. Li	iat only one cause on eec	h line.					Interval Between Onset and Death
disease or condition resulting in death)	End 59	have	Die	Hed	cardi	myes	mto 754
resulting in douting	DUE TO (OR AS A C	ONSPOUENCE OF):	1			10	10
Sequentially list conditions, b.	DURENTS OF AS A C	rental	nea	n fo	uluse		3 m
If any, leading to immediate cause. Enter UNDERLYING	Cardo	band.		1	1		
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A O	ENSEQUENCE OF	THE	1 00	nust		1
resulting in deeth) LAST							
PART II. Other aignificant conditions	contributing to death but	not resulting in t	ho underbile	n course show in	Pert i. 24s, WAS AN	AUTOROV I A	4b. WERE AUTOPSY FINDINGS
True cen	^	Park	1 of	cause given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
Burner		Digax	- M	My 11º	YES :	≥ D NO	OF DEATH?
DID TOBACCO USE CONTR	IBUTE TO CAUSE OF	DEATH YES	TI NO F	LINICEPTAL	N M		1 YES 2- NO
25. WAS CASE REFERRED TO MEDICAL		L PLACE OF DEATH	Check only one)	ONCERNA	10		
EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpeti		THER:	e 5 Reeldence	6 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCURED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? /ES 2 NO			
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, ferm, street	el, lactory, offic		261, LOCATION (Street City or Town, State		il Route Number,
290. CERTIFIER 1 CERTIFYING PHYSIC	TAN: To the best of my knowled	ige, death accurred a	t the time date	and place, and do-	to the coveries and	nner en eleteri	
(Orloan orly)	: On the beets of examination e						e(e) end manner ee stated.
29b. SIGNATURE AND TITLE OF BERTIFIER				29c. LICENSE NU	MBER	29d. DATE SIGNI	ED (Month, Day, Year)
/ Imfana	- m.			D 208.	24	13/2	196
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pri	nt)	1/2 4/1	2/1	141	and a
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE // LM	10.77	ve m/	rippe	RIVI	JE/PORO
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31. DATE FILED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page has find within 20 hours after death with the State fleet of the Abath and Mental House critic to build. Creatation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 94 4. SOCIAL SECURITY NUMBER 0731 JOHN WARDEN M 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 10/02/30 DAYS 235-44-4315 X M 2 □ F 65 Cassville, WV 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GARRETT MEMORIAL HOSPITAL DIRECTOR GARRETT OAKLAND, MD. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY WV PRESTON TERRA ALTA 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? RT. 2, BOX 98-B 26764 US 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married 1 YES 2 XNO Specify: Specify: BY 3 Widowed 4 Divorced WHITE ETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 08 MINER COAL INDUSTRY 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) RUSSELL RAY MESSENGER DELSIA BURKE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 BURKE MESSENGER BOX 98-B, DELSIA TERRA ALTA, WV, 26764 2012 METHOD OF DISPOSITION 20b. PLACE AND OATE OF OISPOSITION (Name of 3/15/9 BATE 20c. LOCATION - City or Town, State TERRA TERRA ALTA, WV GROVE CEM. ALTA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ARTHUR H. WRIGHT FUNERAL HOME, INC. 105 HIGHLAND AVE, TERRA ALTA, WV. 26764 23. PART I. Enter the diseases, or complications that clused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death frilore disease or condition\_ DUE TO (OP AS A CONSEQUENCE OF): resulting in deeth) CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immadiata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 
NO UNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 | YES 2 | 10 Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY investigation 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number City or Town State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ee stated, 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as statud. 296. SIGNATURE AND PITLE OF CHAPTERS 29c. LICENSE NUMBER BE

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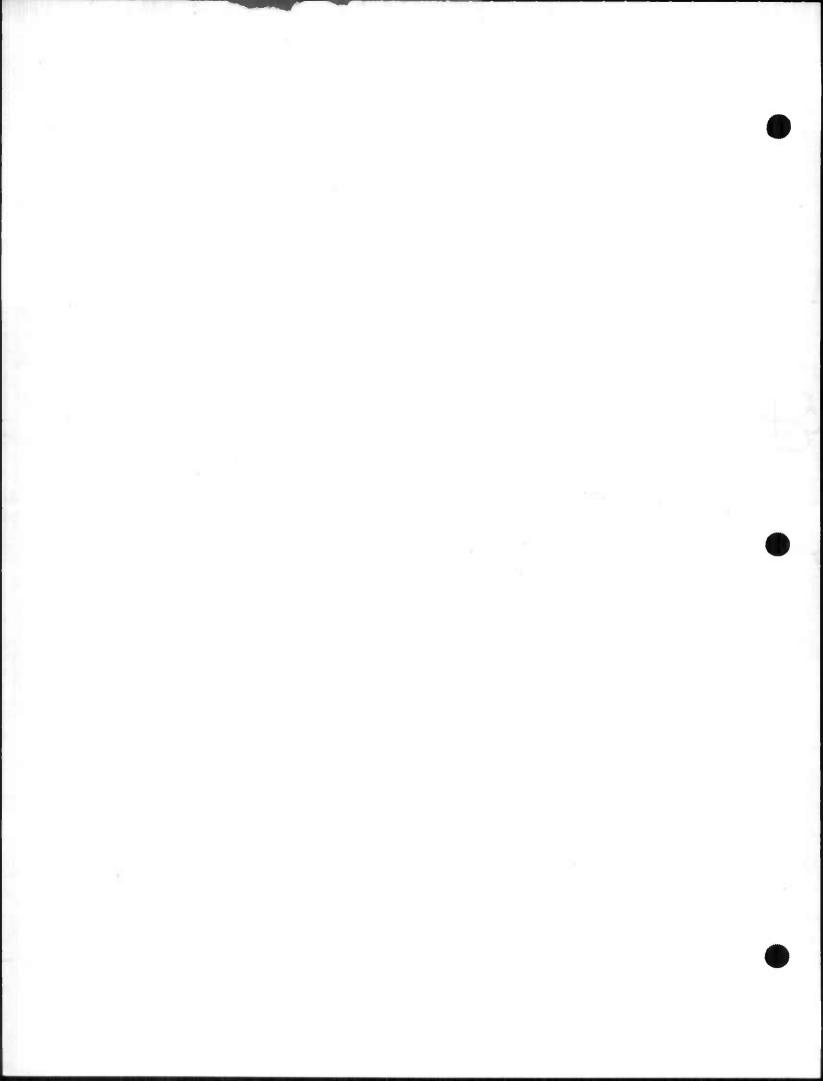
TERRA ALTA, WV.

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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SOTIERE SAVOPOULOS, MD., 1104 E STATE AVE.,

32 REGISTRAR'S SIGNATURE

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit, Pages 1, 2, 3	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH FREDA **GERMETTA** WILSON MARCH 0211 1996 AM 4. SOCIAL SECURITY NUMBER 214-74-9213 7. DATE OF BIRTH
(Month, Day, Year)
Feb. 6,1911 5. SEX 8. AGE (In yrs last hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) HOURS 1 M 2 F 85 Maryland 9c. COUNTY OF DEATH Allegany Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Sacred Heart Hospital Cumberland DIRECTOR RESIDENCE OF DECEDENT Maryland 10b. COUNTY Allegany 10c. CITY, TOWN OR LOCATION Midland 10d, INSIDE CITY LIMITS? 1 YES 2 NO FUNERAL 101. ZIP CODE 21542 USA 10e. STREET AND NUMBER WHAT COUNTRY? Box 194 Church St 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried soowhite ВУ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) Homemaker Home 11 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Richard H. Williams Sadie Ross BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carol A. Burt Box 194, Midland, Md. 21542 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 X Buriet 2 Cremetion 3 Removal from State Frostburg Mem. Park March 9.1996 Frostburg Md. 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eichhorn-McKenzie Funeral Home I conaconing Md. 21539

I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onaet and Death IMMEDIATE CAUSE (Final disease or condition EIZURE DISORDER reaulting in death) DUE TO OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part 1. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DINCERTAIN 1 TYES 2 NO PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL 1 TES 2 NO Inpatient 2 R/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER
1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner ee attend. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF OURTIFIER 29d, DATE SIGNED (Month, Day, Year) 29c\_LICENSE NUMBER 34

MARCH ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30 NAME AND ADDRESS DE PER 32. REGISTRAD'S SIGNATURE

Studies Randon 31. DATE FILED (Month, Day, DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 687	PITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be execute
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	PITAL

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		NTAL HYGIEN REG. NO	_	
	1. DECEDENT'S NAME (First, Middle, Lest)  LUCY WILL	.IAMS	WYC	KOFF		2. DATE OF DEATH DAY YEAR		3. TIME OF DEATH 12:50 A.
	4. SOCIAL SECURITY NUMBER 286-42-9913		n yrs. lest birthdey) 8 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IS IMPER 24 MINE 7	pare of Birth (Month, Day, Year) r.23,19		BIRTHPLACE (State or Fore) Country) OHIO
RAL DIRECTOR	9a. FACILITY NAME (If not institution, give so Memorial Hospital		enter	96. CITY, TOWN C	OR LOCATION OF DEATH		9c. COUNTY	
	100. STATE 10b. COUNTY MARYLAND ALL	EGANY		Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 N
	100. STREET AND NUMBER 723 WASHINGTON			-	21502		- 1	OF WHAT COUNTRY?
BY FUNER	11. MARITAL STATUS  1 Never Merried 2 X Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuban, Maxican, Puerto Rican, atc.)  1 YES 2 NO Specify:			es or No— 14. RACE — American Indian, Black, White, etc. Specity: WHITE	
E COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life, Do NOT u	USUAL OCCUPATION Work done during mose retired.)	ist of working	16b. KIND OF BU	ESTAT	
	17. FATHER'S NAME (First, Middle, Lest) REV. CANON BEN	EDICT WILL:		ED AGE	16. MOTHER'S NAME (	First, Middle, Maiden	Sumama)	
TO B	19e. INFORMANT'S NAME (Type/Print) GEORGE M. WYCK	OFF, JR.			GTON ST			
	20a METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Ram  4 Donation 5 Other (Specify)	ovat from Stata Com		of DISPOSITION (No.	TERY 3//	0/96	CUMBER	RLAND, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	Uschuch		GEOR (	GE-UPCHUR GREENE ST	CH FUNI	ERAL H	HOME, P.A.D, MD 21502
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fine)	a. SQUAMOUS CE	ech ilne.	INIMA OF				1, Approximatinterval Bet Onset and 4 WEEK
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	CONSEQUENCE O					
	PART II. Other significant condition	s contributing to death b	ut not resulting	in the underlyin	g cause given in Par	t I. 24s. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FIN AWAILABLE PRIOR T COMPLETION OF CA OF DEATH?
SICIAN: N	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL			ES NO				
PHYSIC	EXAMINER?  1 VES 2 VAO  27. MANNER OF DEATH	NOSPITAL: 1 Inpatiant 2 ER/Outp 28a. DATE OF INJURY	patient 3 DOA		ne 5 Residenca 6 DURY AT 26	Other (Specify) d. DESCRIBE HOW	INJURY OCCU	RED
ВУ	1 Nstural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year)  26a. PLACE OF INJURY	IN	M 1	YES 2 NO			Rural Route Number,
LETED	Suice     Could not be datarmined    City or Town, State							
COMPL	(Check only	ICIAN: To the best of my know  ER: On the besis of examination						
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	4			29c. LICENSE NUMBE D 14865	R	N T	RIGNED (Month, Day, Year) -RCH 7, 199
	Dr. Barrera Memo  31. DATE FILED (Month, Day, Year)	rial Hospita	l Medica		ng Cumber	land, MI	) 21	1502

Hospital Medical Building

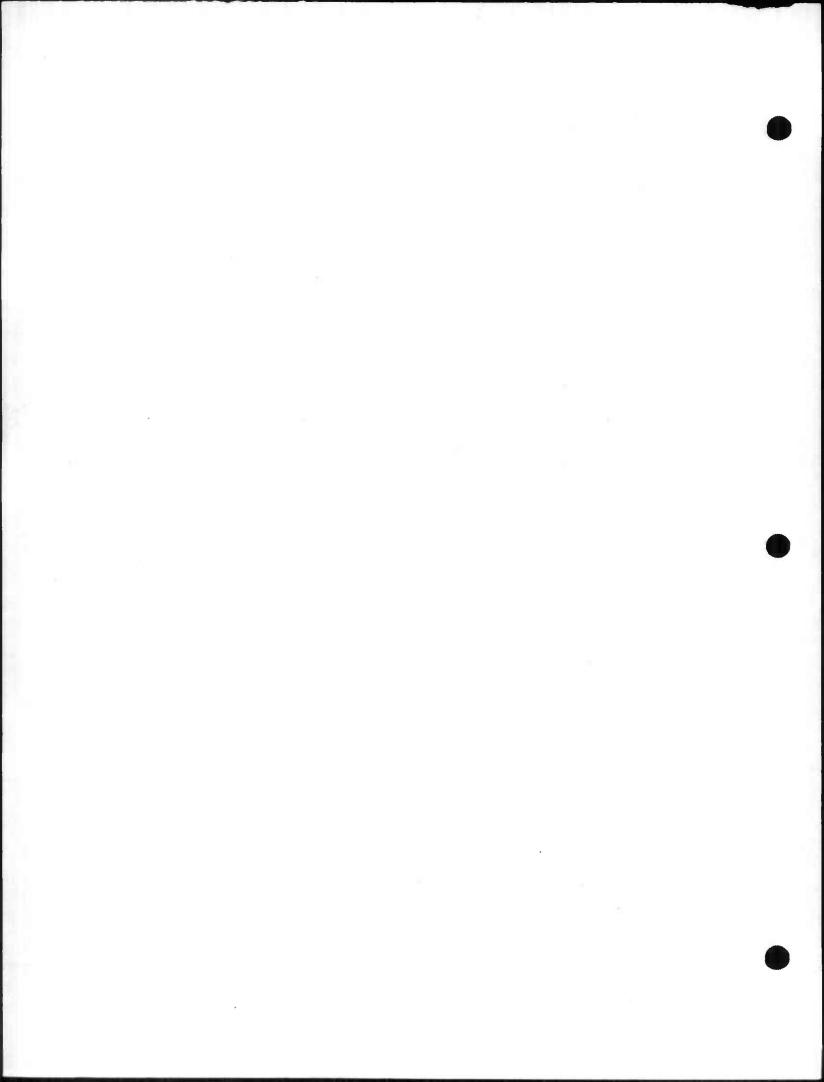
Dr. Barrera. Memorial
31. DATE FILED (Month, Day, Year)
MAR 0 8 1996

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	Pages 1,		
	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages		
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NNG P	After t	death	mar
TEN	JOR.	after (	28  8
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	DIREC	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL	ERAL	7 ui	IT: If
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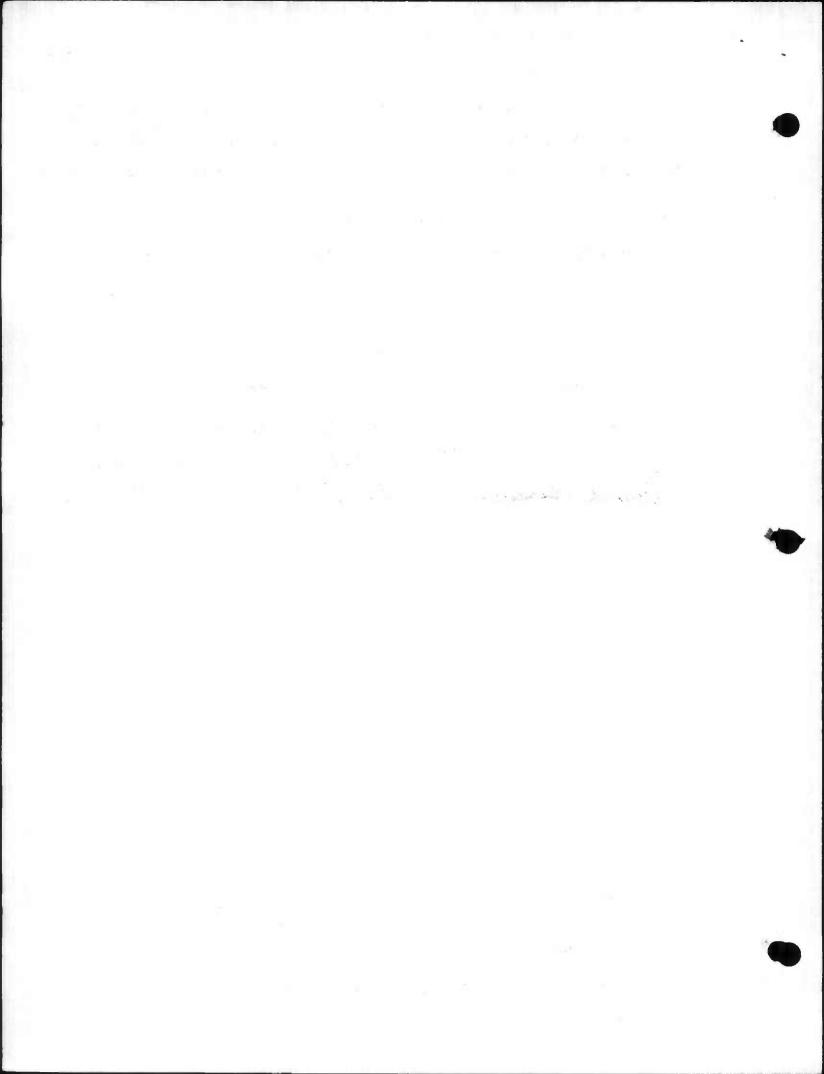
	1 - FOR STATE (	OF MARYLAND / DEPAI CERTIF	RTMENT OF H		MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)  BESSIE Madeline WC	LFORD			2. DATE OF DEATH	1996 YEAF	3. TIME OF DEATH 5:25 P M	
		☐ M 2 X F 6 1 YRS. MONTHS DAYS HOURS MIN			7. DATE OF BIRTH (Month, Dey, Year) April 6 1934  WV			
OR	9a. FACILITY NAME (If not institution, give street and numb Sacred Heart Hospital RESIDENCE OF DECEDENT	ər)	96. CITY, TOWN C	land	ATH	9c. COUNTY OF DEATH Allegany		
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  WV Mineral New Creek				10d. INSIDE CITY LIMITS? 1 YES 2 XXNO			
COMPLETED BY FUNERAL I	100. STREET AND NUMBER HC 72, Box 62		101. ZIP CODE 26743			10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
	1 X Naver Married 2 Married FORCES	EDENT EVER IN U.S. ARMED 7 1 YES 2 NO BIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yea, specify Cuber, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:			fee or No—  14. RACE — American Indian, Black, White, etc.  Specify:  White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4)	(Give kind of life, Do NOT	work done during mouse retired.)  Worked	DN st of working	16b. KIND OF BUS	SINESS/INDUSTR	,	
CO	17. FATHER'S NAME (First, Middle, Lest)			200-00-00	AE (First, Middle, Maiden			
BE	John Wolford			Minnie				
5	190. NFORMANT'S NAME (Type/Print) Kathryn Hottle	HC 72	, Box 62	New Ci	,	26743		
	20s. METHOD OF DISPOSITION  1 A Buriel 2 Cremation 3 Removel from Sta	20b. PLACE AND DATE	OF DISPOSITION (Ne	me of	DATE 20c. LO	CATION — City or	Town, State	
	1 X Burlel 2 Cremetton 3 Removed from State 4 Openation 5 Other (Specify) 21. SIGNATURE OF FUHERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Rotruck—Smith Funeral Home 85 South Main Street Keyser, WV 26726							
CERTIFICATION	23. PART I. There has allowed an or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart billure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  OUE TO (OR AS A CONSEQUENCE OF):  B. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributi	ng to deeth but not resulting	in the underlyin	Draise given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ä	DID TOBACCO USE CONTRIBUTE TO			UNCERTAIN	1 🗆			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA	L:	OTHER:					
	27. MANNER OF DEATH 26a. D/	it 2 ER/Outpatient 3 DOA  ITE OF INJURY  onth, Day, Year)  28b. Ti	ME OF 28c. IN.	URY AT RESIDENCE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	6 Other (Specify)  26d. DESCRIBE HOW I	NJURY OCCURED	)	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	ACE OF INJURY — At home, term ilding, atc. (Specify)			261. LOCATION (Street I City or Town, State)	and Number or Ru	rel Route Number,	
COMPLET	29s. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: On the basis of axeminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	mus mo		29c. LICENSE NUM D07135	BER		HED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  MAZACCO, VICTOR 912 SETON DRIVE CUMBERLAND, MD. 21502								
	31. DATE FILED (Month, Day, Year) 32. REC	GISTRAR'S SIGNATURE.		111111111				
	MAR 1 3 1996	adduction having				_		



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 09235

						C	ertifica	te of	Death			Reg. No.			
			1. Decedant's Name (First, Middla,	Last)							2. Date of De		Vees	3. Tima of De	eath
	Physic		Bertha	Nyo	cum		Wel	ler			March	Dey /2	1996	082	0
ķ	/Medi Exami		4a. Facility Neme (if not institution,	giva street and nu	um <i>ber)</i>				4b. City, To	wn, or L	ocation of Deal	th 4c. Cour	nty of Death		
	c		Washington Cou	nty Hosp	oital				Haq	erst	own	Was	hingto	on	
	Funeral		5. Sociel Security Number 6	. Sex	7. Age (In y	rs. last birthda		r 1 Yeer	If Undar	24 Hrs.				place (State or F	Foreig
	Director	п	214-42-1331	1□ M 2□ 5	90	Yrs.	Months	Days	Hours	Min.	8. Data of Bi (Mooth, Di 11/5/1	35 Year)	Peni	nsylvani	ia
			Usual Rasidence of Decedant								Nov. 5	1905	1 0.1	10121011	
	/lan		10a. Stata 10b. County		10c.	City, Town or	Location						1	Od. Inside City I	Limits
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	28 5	Je S	10e. Street and Number					p Coda				10g. Citizen o	of What Cour	ntry?	
	Nit Nit	0	14628 Heavenly A	cres Rid	dae			217	50			U.S.A.			
	within 72 hours after death with the Maryland piene. then "natural", or heme 23a or 25a-f show the Medical Exaciter must be notified at	Funeral Director	11. Maritai Status		cedant Evar In	US 1	21750  13. Wes Decedent of Hispenic Origin? (Sp				ecify Vas or N		ace - Amaric	cen Indian	_
	P F F	5	1 Nevar Married 2 Merrie	Armed F		. 0,0.	If Yas, spe	cify Cub	an, Mexice	n, Puerto	Rican, etc.)	В	iack, White,	atc.	
7700-61717	rs af	by F	30 Widowed 4 □ Divorced	If Yas, G	Iva		1 🗆 Yes	2XXI0	Specify			Spec	oity: Whi	ite	
3	non la	Ž.			Datas.	16a Day	a de inte I lei	al Onnu	- atlan			10h Kind of	Duningania	disabas.	
Ċ	na 72	Completed	15. Decedant's (Specify only highest	grade complated,	)	(GI	edant's Usi va kind of w DO NOT i	ork dona	during mos	t of work	ing	16b. Kind of	Businass/in	dustry	
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maryland	should be filed ad Mental Hygi marked other imatic event, II	Be	17. Father'e Nama <i>(First, Middi</i> a, <i>La</i> Arthur Elme	•	Mossion						a (First, Middle	i, Maidan Sum			
710	Men	10	AT CHUT FINE	<u>r</u>	Weave	ET.			Me	lind	a		Nyo	cum	
0	w = =		19a. Informant's Name/Raiationship	(Type, Print)		19b. Ma	iling Addras	s (Street	t and Numb	er or Rur	ral Routa Numb	er, City or Tov	m, Stata, Zip	Code)	
2	and alth		Mary J. Foster			1463	6 Hear	venl	y Acr	es R	idge, I	Iancock	MD 7	21750	
ב	of He		20e. Mathod of Disposition		. Place of Dis cemetery, c	position (Na	ma of other pla	ce)	i	Data	20c. Locatio	n - City or Tr	own, Stata		
allimore,	permit. Pages 1 and 2 Department of Health a Important: if Item 27 is any Injury or other tra		Buriel 2 Cramation 3 4 Donetion 5 Other (Spe		1	'ono Low	ay Bai	otis	ť	13	/14/96	Warfor	dshure	y PA	
			21. Signature of Funeral Sarvice Lie									Warfordsburg, PA			
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<u> </u>	Olre in b	Ť	4 Homicida datarmina	build	ling, atc. (Spe	city)	Silaut, luoto	ry, omico			City or To	f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)			
	To the Hospital or within 24 hours after To the Funeral Director Complately filled in the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the complate of the comp		DOO Continue of the Land	District Total											
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	Registi		MAR 1 3	1996	Maria de	dian B.	South								
			MHK I O	1000		- 10000									



YEAR

3. TIME OF DEATH

REG NO

2. DATE OF DEATH MONTH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed HOSPITAL

ALBERT DONALD WILSON 2:30 P March 13 1996 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
JULY 7 1929 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) PA. DAYS HOURS 212-24-0801 1XXM 2 ☐ F 66 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Memorial Hospital DIRECTOR Cumberland **Allegany** RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ALLEGANY CUMBERLAND 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21502 U.S.A. as the burial-transit 11707 LILAC LANE N.E. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1XXYES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, apecify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: WWII & KOREAN SpecMy: WHITE BY 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY nse (Specify only highest ast of working (Give kind of work done life. Do NOT use retired.) è Elementary/Secondary (0-12) College (1-4 or 5+) COMPL BUS DRIVER BUS DRIVER page 5 should be detached 10 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at JOSEPH H. WILSON SR. NEVA RIEGER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 11707 LILAC LANE N.E. CUMBERLAND MARYLAND 21502 JOAN WILSON pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE 20s. METHOD OF DISPOSITION

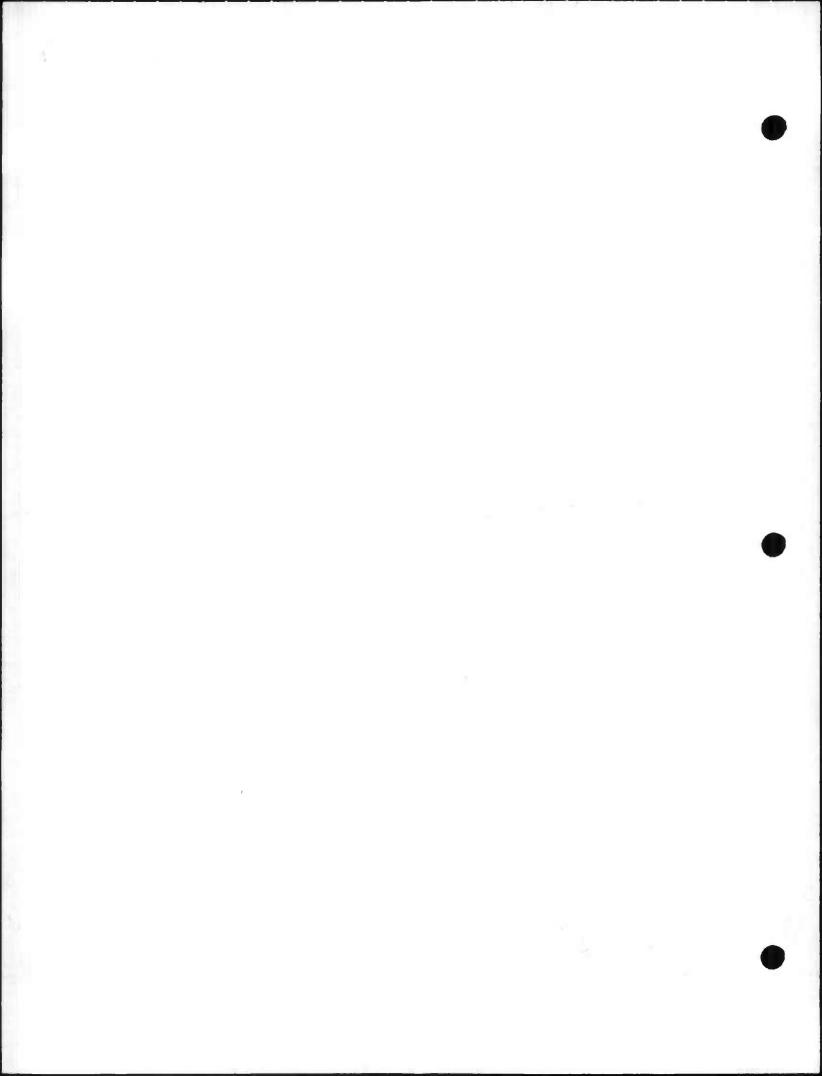
1 Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | must funeral director, ROCKY GAP VETERANS MARCH 18 1996 RFD FLINTSTONE MD. 22. NAME AND ADDRESS OF FACILITY
MERRITT-ADAMS FUNERAL HOME examiner H. SIGNATURE OF FUNERAL SERVICE LICENSEE 404 DECATUR STREET CUMBERLAND MARYLAND in by the medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or raspiratory arrest, ahock, or heart failure. List only one cause on asch line. interval Between filled **Onest and Death IMMEDIATE CAUSE (Final** the disease or condition 6 MONTHS BLADDER CANCER completely event, resulting in death) Crem DUE TO (OR AS A CONSEQUENCE OF): burial. RETROPERIPHERAL METASTIS 4 MONTHS traumatic CERTIFICATION and Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF). 9 the attending physician I Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury 5 MONTHS . ANEMIA other 1 DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST 6 PART il. Other significant conditions contributing to desth but not resulting in the undarlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL A Du AVAILABLE PRIOR TO any 1 TYES 2 NO COMPLETION OF CAUSE SEPSIS shows certificate has been sin the State Dept. of He 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) Inpatient 2 ER/Outpatient 3 DOA the or 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with 1 marked, 1 Naturel 5 Pending м 1 YES 2 NO Β¥ After Investigation 2 Accident 28s. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) DIRECTOR: Aft hours after dea item 28 is n 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my phowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL 1 = 2 MEDICAL EXAMINER: On the beels of any filor investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner se stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE BE D 36766 ► Mach 14. 1996 0 23 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 955 Frederick Street, Cumberland, MD 21502 Dr. Vik Poonai STEAR'S STOCKTURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Water to de-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 5 2-5 Irene nnech 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. RITHPLACE (State or Foreign 217-05-0677 1 🗌 M 2 💟 F 86 March 3,1910 Penn 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR use as the burial-transit permit. Pages 1, 2, 3 Bon Secours Nursing Care Center Ellicott City Howard RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard Ellicott City 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3000 North Ridge Road 21043 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. If filled in by the tuneral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - Ame 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Marrie ВҰ 1 YES 27 NO Specify 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade co idery (0-12) College (1-4 or 5+) 6th Own Home Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Earl C. Woy notified at Gross Rachael BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9366 Tiller Drive Ellicott City, MD 21042 Marion Elizabeth Dunne å 20a, METHOD OF DISPOSITION
1 ○ Burlet 2 □ Cremetion 3 □ Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 4 Donation 5 Other (Specify) Philos Cemetery 3/17/96 Westernport, Maryland examiner 21. SIGNATURE, OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. Markwood McKenzie Funeral Home 111 S. Mineral Street, Keyser, WV 26726 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Betw Onset and Death **IMMEDIATE CAUSE (Final** cremation, traumatic event, the BRONCHOPNEUMONIA disease or condition completely book resulting in death) requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, burial. MCNINGIOMA
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION and Sequentially list conditions, prior to t if any, leading to immediate attending physician ntal Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE DE): that initiated events resulting in death) LAST 0 signed by the atte Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY YPERTENSION shows any 1 - YES 2 X NO OF DEATH? ALZ HEIMER'S 1 TES 2 NO been : TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law ITO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If item 28 is marked, or item 23 s PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 5 Reside 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation N 100% NIA A-M 1 YES 2 AO BY 2 Accident 26s. PLACE OF INJURY — At home, building, etc. (Specify) 3 Suicide ETED. 26f. LOCATION (Street and Number or Rural Route Number 6 Could not be NIA 4 Homicide NIA 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner COMPL MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death NATURE AND THILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, D. 3046 96 15 Manch 9 30 NAME AND ADDRESS OF PERSON W PAPLETED CAUSE OF DEATH (ITEM 27) (Type, E LLICHT : np. 21042 (4(0).465-677 32. REGISTRAR'S SIGNATURE 1996 bi Studen Revelati

DHMH-16 Rev 1/89



YEAR

3 TIME OF DEATH

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

1. DECEDENT'S NAME (First, Middle, Last)

BOX 68760 P.0. DIVISION OF VITAL RECORDS.

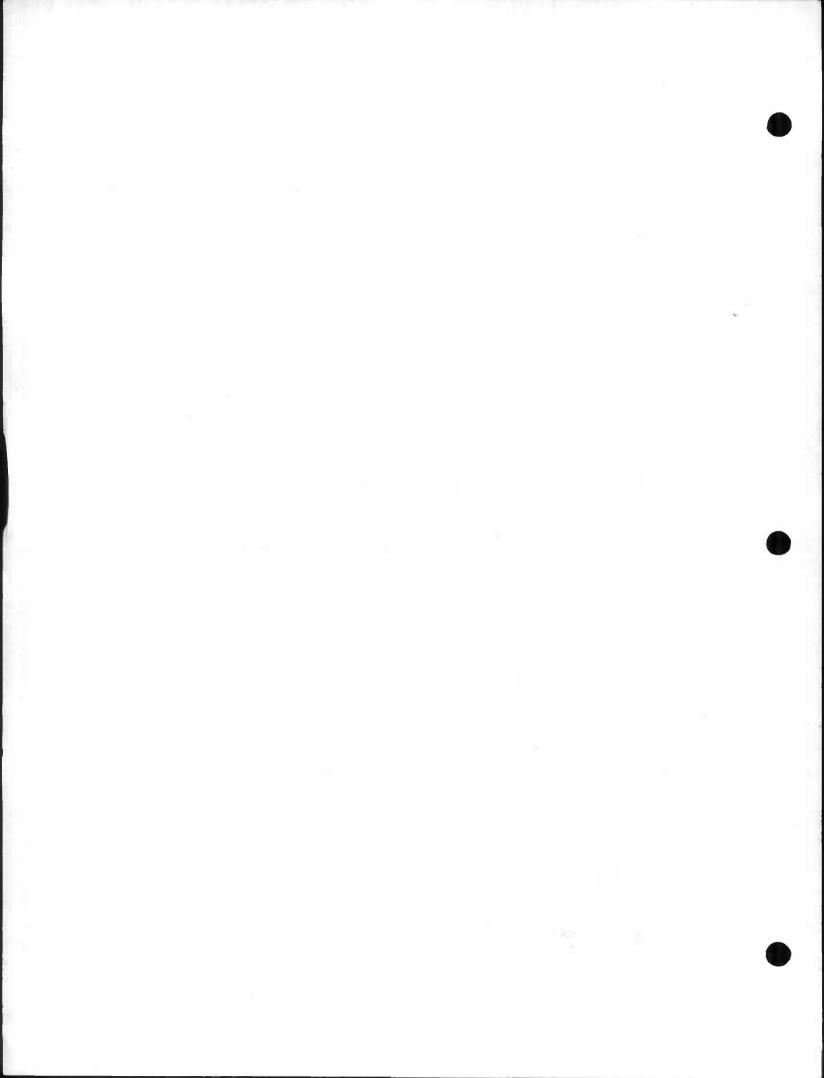
hours after death. Page 6 may be executed HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

March 6, 1996 00:52 OSCAR WALLS M A 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (Stete or Foreign 1 M 2 🗌 F 220-16-2577 July 17, permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Cumber land Allegany 10b. COUNTY 10a. STATE 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 - YES 2 NO Grantsville Garrett 10a, STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE burial-transit 21536 750 Gaswell Road USA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—It yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE - American Indian, Black, White, etc. Never Merried 2 Merried 1 TYES 2 X NO Specify BY 3 Widowed 4 Divorced White use as the WW-II COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spec for Elementery/Secondary (0-12) College (1-4 or 5 +) detached Farmer Farming once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) pe Ħ John Walls BE Jennie Butler notified funeral director, page 5 should 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Edith Keck, Sister 651 Hoque, Akron, Ohio 44310 pe 20a. METNOD OF DISPOSITION
1 Derived 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Donation 5 - Other (Specify) Grantsville Cem. Mar 9, 1996 Grantsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Newman Funeral Homes, P.A., P.O. Box 275 Leumace X Ju 179 Miller St., Grantsville, MD 21536 completely filled in by the rial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory strest, shock, or haert feilure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final the heamonia-type unknown disease or condition resulting in death) 2 Days event. DUE TO (OR AS A CONSEQUENCE OF in and corr to burial, traumatic CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): the death certificate be ex the attending physician at Mental Hygiene prior to if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE DF): thet initieted events resulting in death) LAST 6 Injury, PART II. Other eignificant conditions contributing to death but not recuiting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL and PERFORMED? MAIL ARLE PRIOR TO any oli COMPLETION OF CAUSE DF DEATH? s been signed b 1 TES 2 NO shows a 1 TES 2 NO 's certificate has been the State Dept. o. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN PHYSICIAN: 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL:
1 Inputient 2 ER/Outpatient 3 DOA **EXAMINER?** OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 27. MANNER OF DEATN 26d DESCRIBE NOW INJURY OCCURED this o marked, 1 9 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is marb BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, tactory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER

(Chart ant)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. FUNERAL ( within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 7. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b. ŞIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE Nellian MARCH 11,1996 D 25406 ung M WNO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) William Lamm, M.D., 47 Virginia Ave., Cumberland, Md. 21502 31. DATE FILED WATER SAN CHETHER SHUTHING

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



FOR 1 . STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 DECEMENTS MARKET COLOR AND AND AND AND AND AND AND AND AND AND											
1. DECEDENT'S NAME (First, Middle, Lest) HELEN ELIZA	BETH YOUN	G			2. DATE OF DEATH MONTH	/3 /9	year 0735				
4. SOCIAL SECURITY NUMBER 218-26-8129	5. SEX 6. A	73 YRS.		FEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 11		a. BIRTHPLACE (State or Foreign Country)  Maryland				
9e. FACILITY NAME (II not institution, give of Union Hospita		il Co.		OWN OR LOCATION OF		TY OF DEATH					
RESIDENCE OF DECEDENT											
Maryland Ced			ity, town on Varwic			10d. INSIDE CITY LIMITS? 1X YES 2 NO					
14 Main St.				10f. ZIP CODE 2 1 9	12		S.A.				
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO	if y	S DECENDENT OF HISP res, specify Cuban, Max YES 2 NO Spe		fes or No-	14. RACE — American Indian, Black, White, etc. Specify: Black				
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT	'S USUAL OCC	UPATION	16b. KIND OF 8	USINESS/INDU					
Elementary/Secondary (0-12)	College (1-4 or 5+)			orker	self	-empl	oyed				
17. FATHER'S NAME (First, Middle, Leat)		13		18. MOTHER'S	AME (First, Middle, Maid	en Surname)					
Jack Hill				Mary	Emma Har	ris					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	NG ADDRESS (S	Street and Number or Rur	al Route Number, City or T	own, State, Zip	Code)				
Frances Blake	9	121	Money	y Rd Town	nsend Del	. 197	734				
20s METHOD OF DISPOSITION 1 & Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	noval from State	20b. PLACE AND DAT cemetery, crematory or	r other placel	-	110101		City or Town, State				
1 & Burlai 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  1 Signature of Funeral Home of Steph  22. NAME AND ADDRESS OF FACILITY  Galena Funeral Home of Steph  1 Schaech Box 235 Calena Mi  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,											
23. PART I. Enter the disesses, or shock, or heert fellure.	complications that cal	used the death. Do	not enter th			Cale	ast, Approximate interval Betw				
23. PART I. Enter the disesses, or shock, or heert fellure.  IMMEDIATE CAUSE (Final disesse or condition resulting in death)	s. EVA	used the death. Do n aach line.  ( actilities as a consequence	not enter th			Gale spiratory arm					
sheck, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition	s. CVA DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEQUENCE	DF):  OF):  OF):	Schach ne mods of dying, s	Box 235, uch as cardiac or rea		Interval Betw				
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INJURY AT  WORK?  1   YES 2   NO  y, office	In Part I. 24a. WAS PERF 1 YES VIN 26d. DESCRIBE HOUSE City or Town, Should be time, data and place, IUMBER	AN AUTOPSY ORMED?  2 ANO  W INJURY OCC  of and Number (re)  menner as state and due to the	Interval Betwonset and Didey  20 years  20 years  24b. WERE AUTOPSY FINON AMAILABLE PRIOR TO COMPLETION OF CAUNO OF DEATHY  1 YES 2 NO  CURED  Or Rural Route Number,				

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital on the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Ame Young, Helen

ELS. 

## Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hydiene 96 0 9 2 4 0

				State of					Death			Reg. No.		
Physic /Med		Decedent's Nama (F  JOHN	īrst, Middla, Last)	MELVI	N		YOU	ING			2. Data of Dec Month MARCH 1	3,1996	Year	3. Tima of Death 4:15 AM
Exam		4a. Facility Nama (If no			oer)				4b. City, Tov		ation of Death	25.00	y of Deeth	
Funera Director		5. Social Security Number 577-01-2278 Usuel Rasidence of Dec	B 6. Sex		Aga (In yrs.	. last birthday) Yrs.	If Und Months	ar 1 Year Deys	if Under 2 Hours	24 Hrs. Min.	8. Dela of Birt (Month, Da DEC . 7	h y, Year)	9. Birthp	laca (State or Foreign try) INGTON_,DC
anyland show			b. County		10c. Ci	ty, Town or Lo	ocation						1	0d. Insida City Limits
with the Marylar or 28e-f show	Directo	MARYLAND  10e. Street and Number	CHARLI	ES	F	<b>ACCOKEE</b>		in Code				10- 09	140	1 Yes 2 No
th with	2	14908 WANNA					101. 2	ip Code <b>20</b> 6	507			10g. Citizen of		try /
ler des Items	d by Funeral	11. Maritel Stelus 1  Navar Married 3  Widowed 4	2 Married	2. Wes Decede Armed Force 1 Tyes 2 If Yas, Giva Year or Dela	as? <b>X</b> ) No		if Yas, sp 1□ Yas	edant of Hecify Cuba 2 No	lispenic Orig an, Mexican Specify:	gin? (Spec , Puerto P	cify Yas or No- lican, atc.)	Speci	ce - Amaric ock, Whita, fy:	etc.
Maryland 21215-0020 d 2 should be filed within 72 hours aft in and Mental Hygiene. 7 Is marked other than "natural", or traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medical Exercite traumatic event, the Medic	Completed	(Specify of Elamantary/Secondar	Dacedant's Educ only highast grade ry (0-12)	complated) College (1-4	or 5+)		kind of w DO NOT	ork done use retired	eation du <i>ring m</i> ost d) SWIT			TELEPH		
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Marylan de 2 should be the and Mental Tris mented of traumetic events.	-	19a. Informant's Name				19b. Maili	ng Addre	ss (Street				er, City or Town	, State, Zip	Coda)
P - N -		JOHN S. YOU 20e. Method of Disposit			20h I	11566 Place of Dispo			ANE	LA P		MARYLAN		
0 00 = 1		1 Buriai 2 Ci	ramation 3 🗆 R	amoval from Sia	ala	cematary, crai	matory or	other plac		100	Data	20c. Location		
Baltimore, pemit. Peges 1 er Department of Hee Important: If Item; any Injury or other once.		21. Signature of Funare		Rawy	2	T	Nama a	and Addre	ss of Facility	AL H	AR.25   OME, II	VC.		MARYLAND
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Physician /Medical Examiner		tmmediata Causa (Fina disease or condition rasulting In death)				ATIO.			VEUI					Onsel and Death    WEEK
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IS, P.O. BOX es thet the death cer igned by the attendin be detached for use	by Physician/M	CHRON	110	BSTEN	CTIVE	= Pul	LMO	NAR	y Dr	Sense	10	Yes 2010	3 ☐ Prol	pebly 4 ☐ Unknown
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g Physer this neral di	n: To	1 Yas 2 No 27. Mannar of Death		28a. Deta of I		28b. Tima o		28c. injur Wor	4 🗆 1401			lance 6 Dot now injury occu		/)
Division or To the Hospital or Attending Phywithin 24 hours efter death.  To the Funeral Director: After the completely filled in by the funeral	Certification:	2 Accident	☐ Panding Investigation ☐ Could not be datermined	28e. Plece of	injury - At h	Injury oma, farm, str	M eat, fecto	1 🗆	Yas 2□N		8f. Location (S City or Tow	Street and Num	ber or Rura	l Routa Number,
Dispital or hours efter neral Dir y filled in		29a. Cartifiar 1	Certifying Physi	clan: To the be	atc. (Special	owledga, daetl	occurre	d at tha tin	ne, dete end	d plece, ar	nd due to the	cause(s) end m	annar as si	ated.
the Ho in 24 the Fu ipleter	ledicai	(Check only 21 one)	Medical Examin	er: On the basis	s of axamina	ation and/or in	vestigatio	n, in my o	pinion, deat	h occurre	d et the tima,	data and plece	and dua to	tha causa(s)
To t To t	Σ	29b. Signatura and title		ien			25	9c. Licans				29d. Data sign	Month,	Day, Year)
		20 Name and all		1	4 3		D. ive	D-282	81			ااح	7/1/	9
		30. Nama and addrass of NELSON V. BEN.						מוא זארט	10 <del>7</del> 05	=				
St Regist	ate	31. Dela filad (Month, D	ay, Year) R 1 9 19	32. Reg	istrer's Signa	atyre Ra	اللياب.	LON-I'ID	20/3	<b>.</b>				. 72

-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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arrer o	by the 1	The line within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ical ex
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31, DATE FILED (Month, Day, Year)
MAR 11 1996

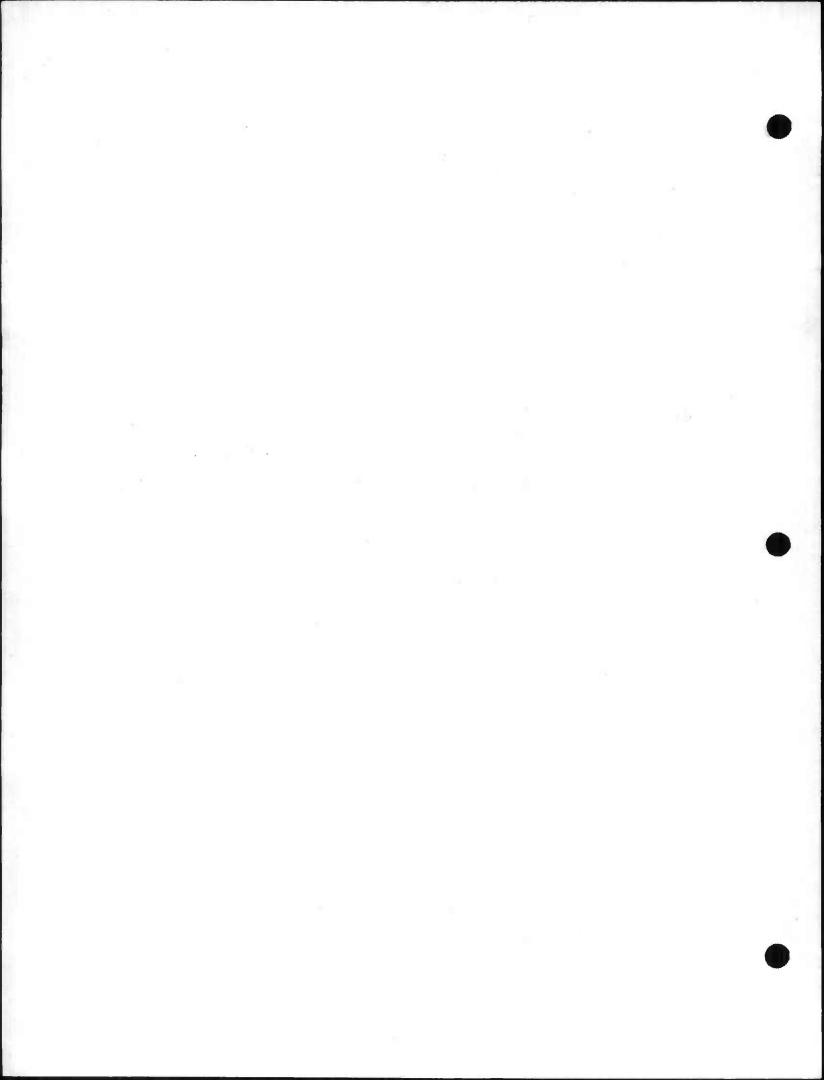
											2	O	03241
1 - STATE REGISTRAR		STATE OF N	MARYLA	ND / DEPAI CERTIF					MENTAL HY				
1. DECEDENT'S NAME (First	t, Middle, Last)			CERTIF	ICAI	E OF	DEAL	п	2. DATE OF DEA	ATH	_		3. TIME OF DEATH
Albert	Thoma	x VOIIN	2. Ir						March	DAY Q		996	5:54 AM
4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR	TH		6. BIRTI	HPLACE (State or Foreign
578-22-2006		1 🖾 M 2 🗌 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept. 8	(bar)	923	Vii	rginia
9a. FACILITY NAME (If not in	nstitution, give s	treet end number)			9b. CIT	Y, TOWN	OR LOCATION	ON OF O		1		NTY OF D	
Doctors C	ommuni	tu Hospi	tal		La	nhan	1				Pri	ce G	eorges
RESIDENCE OF DE	10b. COUNT			100 00	TY, TOWN								
Maryland		e George	1 0		tche]								10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER		e deorge	5		cene.		T. ZIP CODI	E			10a CIT	IZEN OF	1 ₩ YES 2 NO
10450 Lotts		oad #11	N8				207					S.A.	WHAT COOKING
11. MARITAL STATUS	JIOIU I	12. WAS DECEDEN		U.S. ARMED	13	. WAS DE			NIC ORIGIN? (Spec	cify Yes (			E — American Indian,
1 Never Married 2 🔀		FORCES? 1	X YES	2 NO		If yes, s		n, Mexico	en, Puerto Rican, e			Blac	ck, White, etc.
3 Wildowed 4 Dive	orced	V.0001100E2	WW				2 20 110	Бросп				3,50	White
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		5+		Science	e Adr	nini			N.S.				
17. FATHER'S NAME (First, A									AME (First, Middle,				
Albert Thom		ing, Sr.						-	Lillian				
Lois Ann Yo									Route Number, City				11 - 10 20721
20a. METHOD OF DISPOSIT		-	200	PLACE AND DATE	_			aa,		_			11e, MD 20721
1 Dengtion 5 Othe	on 3 🗆 Rem	oval from State	ceme Me t	tery, cremetory or ropolit	other place	rema	atory	3/1	0/96				Virginia
21. SIGNATURE OF FUNERA	and trained the same	CENSEE	1100	горогг	22	. NAME A	ND ADDRE	SS OF FA	ACILITY				
► //o.	1 6				Fı	canc	is Ga	sch	's Sons	Fun	era1	. Hon	ne, P.A.
170mg	ANT	er X											MD 20781
23. PART I. Enter the c ehock, or I	diseases, or naert fellura.	complications the	it caused use on ee	the death. Do ch line.	not ante	r tha m	ode of dy	Ing, auc	ch as cardiac or	r cespir	atory sr	rest,	Approximata interval Between
IMMEDIATE CAUSE (FI	nel	( )	0	- 00	.10		0	Jan	1	0	o vosen		Onset and Death
resulting in death)	<b>→</b>	a. Duran	COR AS AN	- CU	3	u		1	Ja	u	ue.		
	_	P	0.0	20 1	1.		0.0	Qe	121	1	28	25	
Sequentially list condi- if any, leading to imme		b. OUE TO	A BA BOD	CONSEQUENCE	The same	7	36		1	11	, .		
cause. Enter UNDERLY	ING		Solo	osi					- /				
CAUSE (Disease or in) that initieted events		DUE TO	(Off Alp A	CONSEQUENCE	ory:								
reaulting in death) LAS	ST	d	- /										
PART II. Other algoritic	ant condition	ns contributing to	death bu	of ont resulting	in the s	inthertyle	og cellee	alven In	Part I 24a 1	MA PAN	MITTOPSY	24	b. WERE AUTOPSY FINDINGS
/6	Centry	enai	1.	Mari	p	ho	A	(1		PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
	0			0	1				10	YES 3	CNO		OF DEATH?
DID TOBACCO U	ISE CONT	PIRLITE TO CA	LISE OF	DEATH Y	ES 🗆	NO F	X UNIC	CERTAI	IN D				1 YES 2 NO
25. WAS CASE REFERENCED		KIBOIL TO CA		8. PLACE OF DE			-	LIVIA					
EXAMINERY 1 TES 2 NO		HOSPITAL:	ER/Outpe	tlent 3 🗆 DOA	OTHE	ER:	ma IS 🗆 B	ealdence	6 Other (Spec	Mu)			
27 MANNER OF BEATH		28a. DATE O	FINJURY	28b. T	ME OF	28c. IN	JURY AT		28d. DESCRIBE		JURY OC	CORED	
	Pending Investigation	(Month, I	Day, Year)	1	NJURY M		YES 2	□ NO					
2 Naccident 3 Suicide 6	Could not be	26e. PLACE	OF INJURY	At home, ferm	, street, fe	ctory, offi	ca	-	26f. LOCATION		nd Numbe	er or Rural	Route Number,
4 Homicide	determined	Dunding	, stc. (Speci	77					City or Town	i, 3(8(8)			
29e. CERTIFUE 1 CER	TIFYING PHYS	ICIAN: To the best o	f my knowle	dge, death occu	rred at the	time, dat	e and place	, end du	e to the cause(s) o	end man	ner as sti	ated.	
CONSCIPUTA	15931												(s) end manner se stated.
296 SIGNATURE AND TITL	OP TERTIFIE	P.	11				-29c. LIQ	ENSE NU	IMBER -	1	29d. DA	TE SIGNE	(Month Day War)
grape.	1>	1	1				10	12	019		•	3	10/96
30. NAME AND ATTORESS	PERSON WI	O COMPLETED CAL	ISE OF DEA	TH (ITEM 27) (7)	oe, Print) «	7 3	50	Va	NISUSI	200	Re	7	
	HERM	v (How)	action	y		( )	LA	100	RA	M	2	2	0707
31, DATE FILED (Month, Day	Year)	32. REGISTR	AR'S SIGN	Part of						. (	-		

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SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 6 may be retained by the hospital or att	RAL	2
SS	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	hi-

	FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPART	MENT OF H	BEALTH AND	MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  MARGARET		VELYN		OUNKIN		MARC	CH 5,	1996 YEAR	3. TIME OF DEATH 4:44 P		
	4. SOCIAL SECURITY NUMBER 274-01-8645  98. FACILITY NAME (If not institution, give s	1 □ M 2 🛣 F	6. AGE (In yrs. las		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	Feb.	Dey, Year)	Cou	ryland		
стоя	Sacred Heart Hosp					rland	EATH		Allega			
DIRE	Maryland Garrett 106. CITY, TOWN OR LOCATION Grantsville									10d. INSIDE CITY LIMITS? 1 TYES 2 X NO		
FUNERAL	100. STREET AND NUMBER 12028 National Pi	ke			10	1. ZIP CODE 215	536		10g. CITIZEN OF	WHAT COUNTRY?		
B≺	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify:								Bio	CE — American Indian, ack, White, etc. ecfly: White		
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)  12  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Records Keeper  B.F. Goodric											
BE COMPL	17. FATHER'S NAME (First, Middle, Last)  James Younkin  18. MOTHER'S NAME (First, Middle, Meiden Surname)  Emma Cochrane											
10	John A. Younkin  19a. INFORMANT'S NAME (Type/Print)  John A. Younkin  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stere, Zip Code)  1303 Harpster Ave., Akron, OH 44314											
	20a. METHOD OF DISPOSITION  WXBurlai 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of campetory, or proper), or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or properly, or pro											
	21. SIGNATURE OF FUNERAL SERVICE LI	Dewn	an		Newma	nd Address of Fi in Funera liller St	al Hon			D. Box 275 D 21536		
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory strest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  CONGESTIVE HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  ARTERIOSCLEROTIC VASCULAR DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  C. HYPERTENSION  DUE TO (OR AS A CONSEQUENCE OF):  d.									unknown		
MEDICAL	PART II. Other significant condition DIABETES MELLI			resulting i	n the underlyin	g ceuse given in	Part I.	24a. WAS AN PERFORM	MED?	4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)  EXAMINER?  OTHER:									1 TES 2 NO		
BY PHYS	1 YES 2 XNO  27. MANNER OF DEATH  1 X Netural 5 Pending Investigation	1 XInpatient 2 - 28a. DATE OF I	INJURY ny, Year)	26b. TIMI	OF 28c, IN. URY W	JURY AT ORK? YES 2 NO	T		NJURY OCCURED			
ED	3 Suicide 6 Could not be 4 Homicide determined	28a, PLACE OF building, o	FINJURY — At he otc. (Specify)	ome, farm, a	treet, factory, offic	en		ATION (Street a or Town, State)	nd Number or Run	al Route Number,		
COMPLET		ER: On the beals of ex								e(a) end menner as stated		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WO	51	E OF DEATH (ITE	M 27) (Type.	Print)	D41980	JMBER		29d. DATE SIGN	ED (Month, Day, Year) H 9 1996		
	DR. ARNOLD VERA,		BISHOI		SH ROAD	CUMBERLA	AND, I	MD 21	502			



#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth RICHARD LEVERE ZINCON 17, 1996 MARCH 3:30 PM. 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death 323 NORTH COLONIAL AVE. WESTMINSTER CARROLL 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Days Months Hours M 2DF 55 Yrs. FEB.1,1941 MARYLAND 10c. City, Town or Location 10b. County 10d. Inside City Limits CARROLL WESTMINSTER 1 Yes 2 No 10f. Zip Code 10g. Citizen of What Country? 323 NORTH COLONIAL AVE. 21157 USA. 12. Was Decedent Ever in U,S. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Armed Forces?
1 ☐ Yes 2 No
If Yes, Give Bieck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 No Specify: WHITE Specify: 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) MACHINE OPERATOR MANUFACTURING 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) HOWARD L. ZINCON MILLIE ELIZABETH SLORP 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) NANCY A. LEWIS-HOBBS-SISTER 323 N. COLONIAL AVE., WESTMINSTER, MD. 21157 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, State 1X Burlal 2 ☐ Cremation 3 ☐ Removal from State WESTMINSTER CEMETERY3/20/96 WESTMINSTER, MD. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility FLETCHER FUNERAL HOME 21. Signature of Funeral Service Licanses 254 E. MAIN ST., WESTMINSTER, MD. Pert1. Enter the disasse, or complications that caused the deeth. Do not enter the mode of dylng, such es cerdiec or respiratory arrest, abook, or heert fai ure. List only one cause on each line. Due to (or as a consequenca of):

**Physician** /Medical Examiner

and

physician s tha burie

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After this

funeral

filled in by

The law requires that the death certificate be executed

or Attending Physician:

To the

daath.

after death Director: /

within 24 hours a
To the Funeral D
complately filled Hospital

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

**Examiner** 

**Funera** 

Director

permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 28a or 28a-f show any injury or other traumstic event, the Marylos Examinar must be notified at

Maryland 21215-0020

Baltimore,

5. Social Security Number

10e. Street and Number

10e. State

MD.

Director

Funeral

ð

Completed

Be

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216-38-4302

Usual Residence of Decedent

11

20a. Method of Disposition

Immediate Cause (Finel disease or condition resulting in death)

Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Physician/Medicai þ Completed Be

To

Certification:

Medical

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes an autopsy performed?

24b. Were eutopsy findings available prior to completion of cause of death?

1 Yes 2 €No

26. Piece of Death (Check only one)

1 🗆 Yes	2□ No	

25. Was case referred to medical examiner? 1 Yes 2 No

5 ☐ Pending

Investigation

Could not be determined

Hospital:

28a. Date of Injury (Month, Day Year)

1 ☐ Inpatient 2 ☐ EfVOutpatient

Placa of Injury - At home, farm, atreet, factory, office building, etc. (Specify)

3 DOA 28c. Injury at Work?

Other: 4 Nursing Home

28d. Describe how Injury occurred

1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

5 ☐ Residence 6 ☐ Other (Specify)

29a, Certifier (Check only one)

27. Manner of Ceath

1 DNatural

2 Accident

3 Sulcide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, end due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner steted.

29b. Signature end title of cartifier

29c. License number

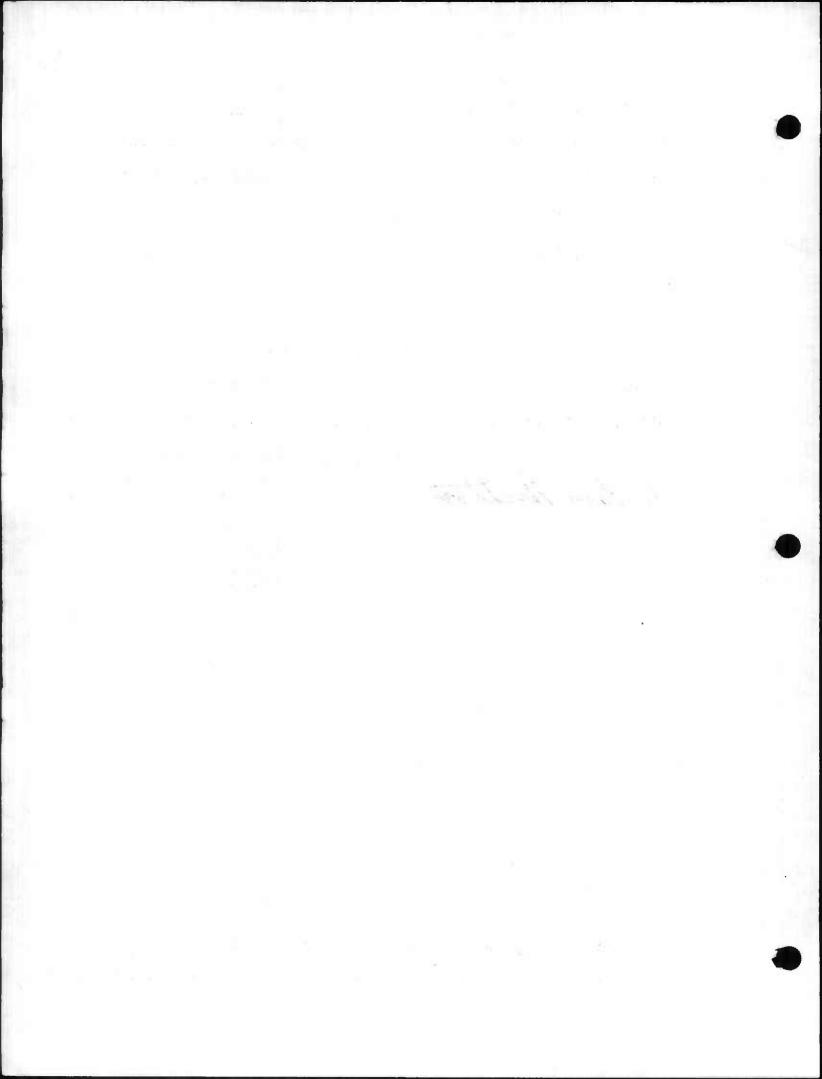
29d. Dete signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

DINESH S-KALARIA 217 DINESH

State Registrar

31. Date filed (Month, Day, Year) MAR 1 9 Applistrar's Signature 1996



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

iysician Medicai	_				C	ertificat	e of L	Death	Re	g. No.			
Medicai		1. Decedant's Nama (First, Middle	a, Last)						2. Data of Deat Month	Day	Yaar	3. Tima of Death	
	_	MARY ADAM	1S						MARCH 2			2:00 am	
caminer	_	4a. Facility Name (If not Institution		er)			4	b. City, Town, or Loc		4c. County			
		ALICE MANOR NU	DSTNC HOME					BALTIMOR	F		NI	٨	
eral	7	5. Sociel Security Number		Age (In vrs.	. last birthde	y) If Under	1 Yeer				9 Birtholac		
ctor		218408204 Usuel Rasidence of Decedent	1□ M 2/E/F		83 Yrs.	Months	Deys	Hours Min.	8. Dete of Birth (Month, Day, NOV . 28	Year) 3,1912	Country MARY	LAND	
H		10a. Stata 10b. County		10c. C	ity, Town or	Location					10d	. Inalda City Lin	
tor.	101	MD N/	A	BA	LTIMO	RE						1 🖾 Yes 2 🗆	
be notified Director	2	10e. Street and Number			- 10-00	10f. Zlp	Code		10	10g. Citizen of What Country?			
# 0	2	2095 ROCKRO	SE AVE				2121	7		USA			
Most must	9	11. Marital Status	12. Wes Decede		J,S. 13				Origin? (Specify Yes or No- can, Puarto Rican, atc.)  14. Race - Amarican India				
Examiner must be notified at by Funeral Director		1 Nevar Married 2 Marri 3 Widowed 4 Devercad	Armed Forca 1 ☐ Yes 22 If Yas, Give Yaar or Date	No		1 ☐ Yea		Specify:	tican, atc.)	Specity: WHITE			
3 Q	5	15. Decedant		-	16a. Dec	edant's Usua	al Occupa	atlon	1	16b. Kind of Bu	usinass/Indus	stry	
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A DE	E	Elamantary/Secondery (0-12) N/A	College (1-4c			HOME	MAKE	'R		HOME			
		17. Fethar's Nama (First, Middla,				110111	IMIL	18. Mothar's Nema	(First. Middle, A	faldan Sumerr	na)		
Be e	Ď	WILLIAM ADAMS							· - CVC				
To To	-		ale Come Curioti		401 444	Uto =	/04	MARY W		04	0	. 453	
2		19a. Informant's Name/Reletions			19b. Me	19b. Melling Addrass (Street end Number or Rural Route Number, City or Town, Stata, Zip Code)						000)	
100	-	GARY ADAMS	/ NE	PHEW		APPLE position (Nam		ROAD BE	LLE MEA			08502	
5		20a. Mathod of Disposition 1 □ Burial 2 □ Cramation	cemetery, ci	ematory or o	thar plec		F-16-16-16-16-16-16-16-16-16-16-16-16-16-	20c. Location -					
injury	1 Burial 2 Carametron 3 Removal from Stata 4 Donetron 5 Other (Specify)  METRO CREMATORY  4/02/96										BALTIMORE, MARYLAND		
amy in		21. Signature Juneral Service I	Licens		- X	22. Nema an CV	ACH/	ROSEDALE 1		HOME			
1122		23a. Parti. Willer the disaasa, or shock, by heart tailura. List	2					ESACO AVE	21237			pproximata	
es the buriel-transit		Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Diseasa or Injury that initiated evants rasulting in death) Last	с	Dua to (	or as a cons	equance of):	) bstructive p				į	hsease
eteched for use e	a com		d. C9	210	puln	Jone	92	) arre	55+,				
vsici	5	Part II. Other significant conditio	ns contributing to death	but not ra	sulting in the	undarlying c	ausa give	en in Pert I.	23b. Dld to	23b. Did tobacco use contribute to the cause of de			
deteched Physic									1 🗆 Ye	8 2 No	3 Probel	bly 4□Unk	
page 2 should be det										performed? availa		autopsy tindir abla prior to plation of cause ath?	
Compl	5								1 □ Ya	s 2×No	101	ras 2□ No	
rector, pag		25. Was casa rafarred to medical						26. Placa of Death	(Check only on	a)			
To Be		axaminar? 1 ☐ Yas 2 🕱 No	Hospital:	atiant 2	ER/Outpat	ent 3 DC	OA Othe	er: 4 Nursing Hon	na 5□ Rasida	nca 6 □Oth	ar (Specify)		
neral									8d. Dascribe ho				
5 00		2 Accidant Invastig 3 Suicide 6 Could n 4 Homicida datarm	not be			M 1 Yas 2 No  t, factory, office  28f. Location (Street end Number or Rural Rou City or Town, Stafa)					Routa Number,		
In by the fune													
stely filled in by the funera	a lo	(Check only 2 Medical 1	and mannar stated.  29b. Signetura end title of certitier   Allending 29c. Licanse numb							od Data signa	d (Month De		
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completely filled in by Medical Certifi	Medica	(Check only 2 Medical I	5 A		1 CIGI			30115			2819	•	

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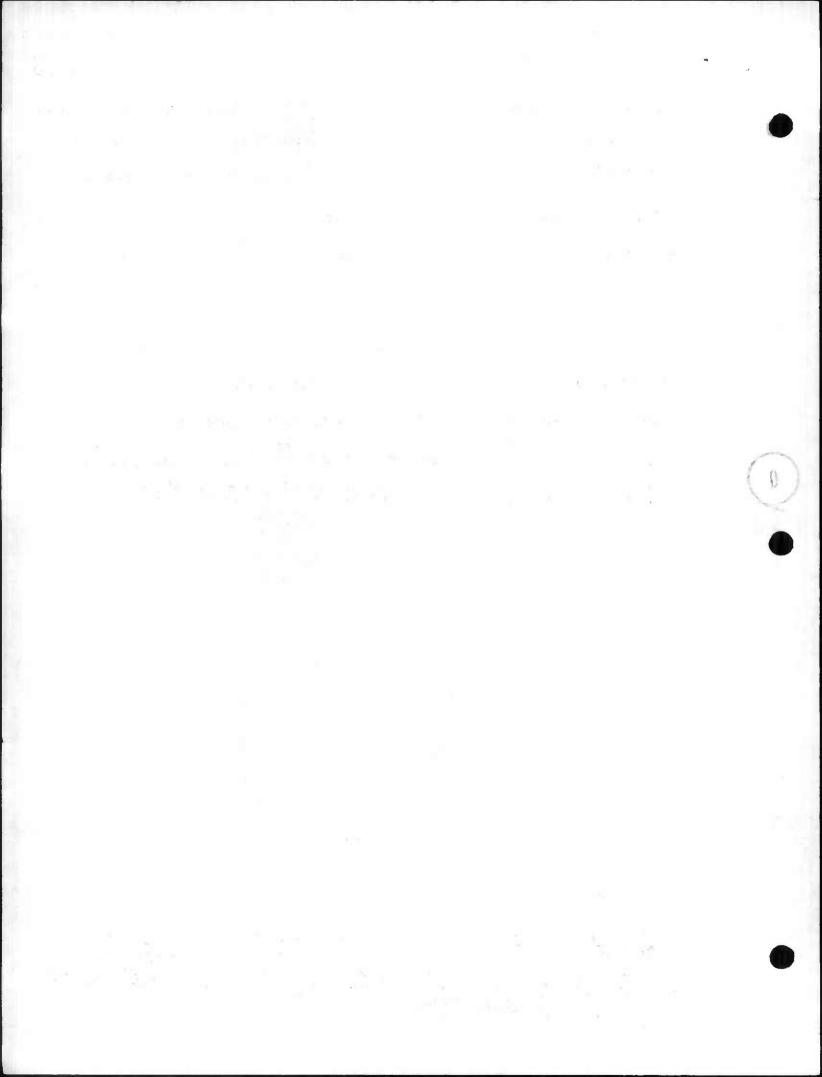
State of Maryland / Department of Health and Mental Hygiene 245 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 3. Time of Death 2. Data of Death Month **Physician** 6:00pm Sally Andrews March 29 1996 /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 35 Cobber Lane Baltimore Baltimore 5. Social Security Number If Undar 1 Year if Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) May 9, 1920 6. Sax 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 75 Yrs. Months Days Hours 1□M 2CYE 246-14-9468 May Director Alabama Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Insida City Limits r than "natural", or items 23a or 28a-f ahow the Medical Examiner must be notified at Maryland Baltimore 1 Yas 2 No Director Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 35 Cobber Lane 21229 U.S.A. death Funeral Raca - Amarican Indian, Black, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 11 Madtai Status 12. Was Decedant Evar In U.S. Armed Forces?

1 Yes 2 No
If Yes, Give
Yaar or Dates; filed within 72 hours after 1 Nevar Married 2 Married bre, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 HWidowed 4 □ Divorced Specify: White Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry ss 1 and 2 should be filed within if Health and Mental Hygiene. Item 27 is marked other than Eiemegtary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Benjamen F. Bean Cora Newsom 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Deborah Andrews (Daughter) 35 Cobber Lane Baltimore, Maryland 21229 20b. Place of Disposition (Nama of cometery, crematory or other place) April 3 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cramation 3 Removal from State 5 Pisgah United Methodist Cemetery 1996 4 ☐ Donation 5 ☐ Othar (Specify) Asheboro, North Carolina 22. Nama and Address of Facility Leroy M. & Russell C. Witzke Funeral Homes 21. Signature of Eugeral Service Licentil 1630 Edmondson Avenue Catonsville, Maryland 21228 that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, on each line. 23a. Part1. Enter the dispase, or comshock, or heart fallure. List only Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner burial-transit certificate be executed Sequentially list conditions, if any, leading to Immadiata cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In death) Last pue Due to (or as a consequence of): Records, P.O. Box 68760. physician Physician/Medical the Due to (or as a consequence of) 82 attending 0 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the 3 Probably 4 Onknown 2 1 Yes 2 No signed to à 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? peen page 2 : hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral idirector; sompletely filled in by the funeral idirector; 25. Was case referred to medical examiner? Be 28. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 20 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Death 28b. Tima of 28d. Describe how Injury occurred Certification: 5 Pending Investigation 1 Natural 1 Yes 2 🗆 No 2 Accident 8 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) 4 I Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basia of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical 29c. Licansa number 29d. Date signed (Month, Day, Year) 29b. Signatura and title of certifier iss of person who complated cause of death (Item 23a) (Type, Print) 500 N' Rolling Rd. Catous ville MD 21228 aax

DHMH 16 Rev 6/95

State Registrar 31. Date filled (Month, Day, Year)
APR n 1 1996



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2	OR ATTENOING PHYSICIAN: The law requires that the de
DIVISION OF VITAL RECORDS, P.O. BOX 68760	0

	1 - STATE REGISTRAR STATE OF MARYLAND / E		OF HEALTH AND	MENTAL HYGIENE REG. NO.									
	JOHN BO Berry			2. DATE OF DEATH MONTH DAY	8 /996	3. TIME OF DEATH  2:50 A M							
	4. SOCIAL SECURITY NUMBER  218-02-0680  1★ M 2 □ F  28	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		PLACE (State or Foreign							
	218-02-0680   1	YRS.		08-11-6	7 N.C	arolina							
DIRECTOR	RESIDENCE OF DECEDENT		a to	ta_	9c. COUNTY OF D	EATH							
REC	10a. STATE 10b. COUNTY	10c. CITY, TOWN OI		0	10d. INSIDE CITY LIMITS?								
	MD. Baltimore	Tows				1 TES 2 TO NO							
FUNERAL	48 Ashlar Hill Court		21234		10g. CITIZEN OF V								
B	11. MARITAL STATUS  1½ Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARME FORCES7 1 YES 2 NO IF YES, GIVE WAR OR DATES	lf lf	MS DECENDENT OF HISPA yes, specify Cuban, Maxico YES 2 NO Specif	en, Puarto Rican, etc.)	Blaci	- American Indian, k, white, etc. hy: Black							
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY												
COMPLETED	Elementary/Secondary (0-12) College (1-6 or 5 +) ille. Do NOT use retired.)												
OM	12th 5yrs. Operations Mgr. Science Governm  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)												
BE C	John Bowe			ne Berry	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th								
5	196. INFORMANT'S NAME (Type/Print) Gemaine B. Gillis 61	MAILING ADDRESS	(Street and Number or Rural	Route Number, City or Town,	State, Zip Code)	206							
		D DATE OF DISPOSIT	Regis Rd.										
	AUDITERCE AN			31/96 E1i	ation – chy or to Lzabeth	City, NC							
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 1721-27 N. Monro												
	Northander CFSP #281 E.L.Phillips F/H Balto., MD. 21217												
	23. PART I. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  DUE TO (OR AS A CONSEQUENCE OR):												
	DUE TO (OR AS A CONSEQUI	ENCE OF):				1/20							
NOI	Sequentially list conditions, If any, landing to immediate  b. HIV AIDS  DUE TO (OR AS A CONSEQUENCE OF):												
<u>8</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury												
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUE resulting in dasth) LAST	ENCE OF):											
CE	d.					1							
EDICAL	PART II. Other significant conditions contributing to death but not real Renal Failure	ulting in the und	lerlying cause given in	Part I. 24a. WAS AN A PERFORM  1 YES 2	ED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH	4 VES TIN	O 🖾 UNCERTAII			1 TES 2 NO							
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL 26. PLACE (	OF DEATH (Check or		N L I									
rsic	EXAMINER?  1 VES 2 NO  HOSPITAL:  1 Inpetient 2 ER/Outpetient 3	DOA 4 Nursi	ng Home 5 - Realdence	6 Other (Specify)									
	27. MANNER OF DEATH  1 Netural 5 Pending  28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	REC. INJURY AT WORK?	26d. DESCRIBE HOW IN.	JURY OCCURED								
B	2 Accident Investigation	M Income street tector	1 TYES 2 NO	201 LOCATION (Communication)									
TED	Suicide 6 Could not be detarmined  Could not be detarmined  Could not be detarmined  Suicide 6 Could not be building, atc. (Specify)	, term, atreat, tactor	y, ornea	28t. LOCATION (Street en City or Town, State)	d Number or Hural H	oute Number,							
COMPLET	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the bast of my knowledge, dasth one)  MEDICAL EXAMINER: On the basic of axamination and/or involved.	occurred at the timestigation, in my opi	ne, date and place, and due	to the cause(a) and mann time, date end place, and	or an stated. due to the cause(a)	and manner as stated.							
BE C	296. LICENSE NUMBER 29d. DATE SIGNED (Month)												
10 B	AT 2438946 March &												
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  A. D. MOHAMED, MO. PEPARTMENT OF MEDICINE BALTIMORE, MO. 21318.												
	31. DATE FILED (Month, Day, 1647) APR 01 1996  APR 01 1996  APR 01 1996	1 OF ME	DIVINE	BALTIMO	RE, MO.	21218.							
	APRUL 1996 Full Davidson-Aandels												

. . 8 ... <u>.</u>

#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 09247

	_				Cert	ificate of	Death		Reg. No.	000	> /				
Physician		1. Decedent's Nema (First, Middia, L	.ast)					2. Deta of De	eth Dev	3. T	Ime of Death				
/Medical		FLORENCE M.		BARI	NICKOL			March	30	1994	411				
Examiner	r	4a. Fecility Nema (If not institution, g					4b. City, Town, or L	ocation of Deet							
		Stella Maris Ho				K Haday & Vana	Towson			timore					
Funeral Director			Sax 7. Ag 1 M 2 X F	a (In yrs. Ia:		If Undar 1 Yeer Months Deys	If Undar 24 Hrs. Hours Min.	8. Data of Bir (Month, Da June 2	th ly, Year) 25, 1907	9. Birthplace (S Country) Maryl	State or Foreig				
M W	- 1-	10a. Stata 10b. County		10c. City,	Town or Loca	tion				10d. ins	sida City Llmi				
be notified at	5	Maryland N/A		Balt	timore					15	Yas 2 N				
or 28a-f s be notified	5	10e. Street and Number			o a more	10f. Zip Coda			10g. Citizan of V	Whet Country?	-				
23a ustb	g .	1651 East Belved	ere Ave.			2123	39		U.S	.A.					
or Itams miner m		11. Marital Stetus  1 ☐ Never Married 2 ☐ Married  3 ☒ Widowed 4 ☐ Divorced	12. Was Dacedant Armed Forcas? 1 ☐ Yes 2 ☑ If Yes, Give Yaar or Datas:			as Decedent of H ′as, specify Cub ☐ Yes 2 ☑ No	Hispenic Origin? (Sp an, Maxican, Puarto Specify:	ecify Yas or No Rican, atc.)		14. Race - Amarican Indian, Black, Whita, atc.					
"natural", adical Exp		15. Decedent's E			16a Decedar	nt's Usual Occur	nation		16h Kind of Bi	White usiness/Industry	9				
t, the Medical	ופר	(Specify only highast g	rada complated)		(Give kli	nd of work dona NOT usa ratire	during most of work	ring	Tob. King of bi	usiness/industry					
than than	5	Elamantary/Secondary (0-12)	College (1-4or !	5+)		retary			Alex Brown Co.						
marked other imatic event, to To Be Co	ט	17. Fathar's Nama (First, Middle, Les	st)			, , , , , , , , , , , , , , , , , , ,	18. Mothar's Nam	e (First, Middla	, Maidan Suman						
in nearin and Mental ryg	2	Louis Mehling					Mary N	cKenna							
and Mertallis marked of sumatic eve	-	19a. Informant's Name/Ralationship	(Type, Print)		19b. Mailing	Address (Straat	end Number or Ru	ral Routa Numb	er, City or Town,	Stata, Zip Code	)				
27 is or trac		Charles L. Bauer	mann - Son		116	58 Gree	enpoint Ro	d. Timor	nium . M	arvland	21093				
r othe		20a. Method ot Disposition		20b. Ple		ion (Nama of tory or other pla		Dete		City or Town, St					
		1 N Burial 2 □ Cramation 3   4 □ Donation 5 □ Other (Spec				Redeem		/96	Baltimore , Maryla						
important: If any injury or once.	ŀ			9 110.							ar y rain				
any ir	0.00														
	+	23a. Part1. Entar tha disaasa, or cor shock, or haart tailura. List oni	mplications that causag	d tha daath.	Do not anter	the mode of dvi	ng, such as cardiac	<ul> <li>Bdll.</li> <li>or respiratory a</li> </ul>	rrast.	ast, Approximete Intervel Batween					
ysician		shock, or haart tailura. List oni	y oge ceuse on eech il	ne.					,	Intan	rel Batween				
dedicai		Immediata Causa (Final		Lon		ranes	-			Mo	n 1/8				
aminer	disease or condition resulting in death)  Dua to (or as a consequence of):														
je je	ő			Dua to (or a	as a conseque	ence or):									
es the buriel-transit	Cyalillia	Sequentially that conditions	b	Dua to (or s	as a conseque	ince of):									
an ar rial-tr		Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaasa or Injury													
es the bur	5	thet initiated avents	C	Due to (or a	is e consaqua	nce ot):				+					
Aed es t	3	rasulting in death) Last		,						į					
	2		d							-					
the att	-	Pert II. Other significant conditions	contributing to death b	ut not rasult	ing In tha und	erlyling causa giv	ven in Part I.	23b. Dld	tobacco uss co	ntribute to the c	suss of deat				
20 5			dosces &.		cay "		ant out		Yes 2□ No	3 Probably					
be de pa de															
									an autopsy	24b. Wara au evaliebla	topsy tindings				
paga 2 should	2					_		point		completi of death?	on ot cause				
ta hes bage 2	5							10	Yas 28No	1 ☐ Yas	2ENO				
rector, pag	0	25. Wes case raterred to madical					26. Plece of Daa	th (Check only)	ona)						
this certificate he ral director, paga To Be Com	>	examinar? 1 ☐ Yas 2 No	Hospital:	ent 2 El	R/Outpatient	3 DOA Oth			dence 6 Doth	ar (Specify) Li	neni ce				
ar this naral di n: To		27. Menner of Death	28a. Data of Inju (Month, De		8b. Tima of	28c. Inju	ry at		how injury occur		paptre				
by the funarification		1 Accident 5 Panding invastigation		y rear)	Injury		Yas 2□No								
al Director: After the din by the funeral Certification:		3 Suicide 6 Could not datamine	d 28a. Place of inj	ury - At hom	ia, tarm, stree	t, factory, office		28f. Location ( City or To	Street end Numb	per or Rural Rout	e Number,				
2 C L	4	4 D Nomicida	building, at	с. (Specily)				City of 10	WII, Stata)						
0 8 G	Ĭ		hysician: To the best												
y filled in by			miner. On the heels of		n and/or inves	stigation, in my o	opinion, death occur	red at tha tima,	data and place,	and dua to tha c	ausa(s)				
e Funeral D plately filled i			end mannar sta	Hed.											
To the Funeral Director: completely filled in by the Medical Certifical	Balba	(Check only 2 Madical Exa		1180.		29c. Licens	sa number		29d. Data signe	d (Month, Day, )	(ear)				
To the Funeral D completely filled i	Balba	(Check only 2 Madical Exa	end mannar sta			11	sa number		29d. Data signe	d (Month, Day, )	(ear)				
To the Funeral D complately filled i	Balana	(Check only 2 Madical Exa	end mannar sta		(3e) (Type Pr	11	Us/ly		29d. Data signe	d (Month, Day, )	(ear)				

Bell 18 18

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9.6

		Certificate of Death  Reg. No.							
Physic /Medi		1. Decedent's Nama (First, Middle, Last)  BENDAMIN  BROWN  2. Date of Death Month Day Year 5:15 pm							
Exami		4a. Facility Nama (If not Institution, give street and number)  4b. City, Town, or Location of Death  4c. County of Death  4c. County of Death  4c. County of Death  4c. County of Death  4c. County of Death  4d. City, Town, or Location of Death  4c. County of Death							
Funeral Director		5. Social Security Number 2 15-10-9 1 6. Sex This is a set birthday) 15							
Meryland a-f show	ctor	Usual Residence of Decedant  10a. Stata  10b. County  10c. City, Town or Location  MD  ANNE ARWDEL GLEN BURNIE  1 Ves 25 No							
ath with the 8 23e or 28 must be no	ral Director	10e. Street and Number  10f. Zip Coda  10g. Citizen of What Country?  21060  USA.							
72 hours after death with the Meryland naturel; or items 23a or 28s-f show didal Examiner must be notified at	by Funeral	11. Marital Status  1 Nevar Married 2 Married  3 Wildowed 4 Divorced  12. Was Decedent Ever in U,S. Armed Forces?  1 Nevar Married 2 Married  13. Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. Race - American Indian, Black, Whita, etc.  15. Yes 2 No Specify:  16. Yes - American Indian, Black, Whita, etc.  17. Yes 2 No Specify:  18. Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.)  19. Yes 2 No Specify:  10. Yes 2 No Specify:							
ad within rgiene.	Completed	15. Decedant's Education (Specify only highest grade complated)  Elementary/Secondary (0-12) 12 +H GRADE  16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)  INVENTORY CONTROL CHECKER  STEAMSHIP TRADE ASSOC  17. Father's Name (First, Middle, Last)							
Mental Mental Mrked o	To Be	WILLIAM BROWN ELSIE THOMPSON							
ges 1 end it of Heelt if item 2 or other		19a. Informant's Name/Relationship (Type, Print)  BRENDA  HULBERT  9813 MARRIOTS VILLE RD, RANDALLSTOWN, MD, 21133  20a. Method of Disposition 1 Burial 2 Cramation 3 Removal from State  4 Donation 5 Othar (Specify)  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  9813 MARRIOTS VILLE RD, RANDALLSTOWN, MD, 21133  20b. Place of Disposition (Nama of cematery, crematory or othar place)  57, REST CEMETERN  4-2-96 GLEN BURNIE, MD.							
pemit. Pa Depertmen important: eny injury once.		21. Signature of Fiberal Service Licensee ST, REST CEMETERY 4-2-96 GLEN BURNIE, MD.  22. Nama and Address of Facility  TOSEPH H. BROWN JR. FUNERAL HOME, P. A.  21.40 N. FULTON AVE., BALTIMORE, MD. 21217							
Physician /Medical Examiner	ı	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate Interval Between Onsat and Death  Immediate Cause (Final disease or condition rasulting in death)  Due to (or as a consequence of):							
ath certificate be executed attending physician and for use as the burial-transit	Completed by Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Assect of the consequence of the causal of the consequence of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the causal of the							
that the death cert ad by the attending datached for use		Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I.  23b. Did tobacco use contribute to the cause of death							
requires that been signed b		by	þ	þ	þ	by	by	by	metastatic @ temporal tumo (Grain)  1 Ves 2 No 3 Probably 4 Unknown  1 Ves 2 No 3 Probably 4 Unknown  1 Ves 2 No 3 Probably 4 Unknown  24a. Was an autopsy performed?  24b. Ware sutopsy findings available prior to completion of cause
The la ate has page 2		Carcinona Dlung  1 yes 25 No 1 yes 2 No							
Physician: The this certificate rel director, pag	To Be	25. Was casa rafarred to medical examiner?  1							
leath. lor: After the fune	Certification:	27. Manner of Death    Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide   Solicide							
Hospital or Attending 24 hours after death. Funeral Director: After leiely filled in by the fune		4   Homicide building, efc. (Specify)  City or Town, Stata)  29a. Certifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and due to the cause(s) and mannar as stated.							
To the Ho of the Fu	Medical	(Check only one)  2 Medical Examinar: On the besis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.  29b. Signature and title of certifier  29c. License number  29d. Diete signed (Month, Day, Year)							
(JA	)	30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  UAN 6.6AN MD. GOUD SAMARITAN HOSP, BALTO, CITY							
Sta Regista		31. Date filed (Month, Day, Yaar) APR 01 1996							

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State of Maryland / Department of Health and Mental Hygiene OC

				or mary arm		ate of Death	a Montai II	Reg. No.	0 9249				
	Physici		1. Decedant's Name (First, Middla, Last)		-		2. Data of D	eath	3. Time of Death				
	/Medi		ALEX				R. MARCI	1 28,199					
J	Examir	ner	4a. Facility Nama (If not institution, give street and	number)		4b. City, Town,	or Location of Dea	th 4c. County of	1 .				
			4040 CEDARDALE ROA		Miles	BALTII der 1 Year   if Under 24			NIA				
Н	Funeral Director		5. Social Security Number 6. Sex	7. Aga (In yrs. in	Yrs. Month		Ain (Month I	irth Pay, Year)	9. Birthpleca (Stata or Foreign Country)				
_			Usual Rasidance of Decedant	•	0		Mus.	6,17331	NORTH CAROLINA				
	yland		10e. Stata 10b. County	10c. City	, Town or Location				10d. Insida City Limits				
	sth with the Merylar 23a or 28a-f show	ctor	MARYLAND N/A		BALT	IMORE	CITY		1 Yas 2□No				
	# 92 F	Director	10e. Street and Number		10f. 2	ZIp Coda	7	10g. Citizan of Wh	nat Country?				
	eth w		4040 CEDARDALE	ROAV		21215		U	ISA.				
	72 hours after deeth with the Meryland natural, or items 23a or 28a-f show diest Examiner must be notified at	Funeral	Armed	ecedant Evar in U.S Forcas?	S. 13. Was Dec	bedent of Hispanic Origin' pecify Cuban, Maxican, P	(Specify Yas or Nuarto Rican, atc.)	lo- 14. Race Black	- Amarican Indian, , White, etc.				
20	ours aft	by F	Y If Yas,	s 2 <b>/X</b> No Giva r Datas:	1 ☐ Yas	2 No Specify:		Specify:	n, nou				
21215-0020	72 hours "natural",	8	15. Decedant's Education	Dutus.	16a. Decedant's U	suai Occupation		16b. Kind of Bus	BLACK				
215	u	Completed	(Specify only highest grade complete Elementary/Secondary (0-12) Coilege	d) 1 (1-4or 5+)	(Giva kind of lifa. DO NOT	work dona during most of	working		,				
	DD	Com	9 TH GRADE	. (1 401 07)	STEEL	WORKER		BETHLEH	EM STEEL CORP.				
pu	be filed tel Hyg d other event,	Be (	17. Fathar's Nema (First, Middla, Last)			18. Mother's	Nema (First, Middl	a, Ma <i>id</i> en Sumema	)				
yla		To		OWN	SR.								
Maryland	d 2 should th end Mer 7 le marke traumatic		19a. Informant's Name/Ralationship (Type, Print)			ass (Streat and Number o							
-	1 an Heeli Mm 2		MYRTLE DIG	20b. Pl	ace of Disposition (A	DARDALE RO	Data	PORE, ML	0. 2/2/5				
altimore			1 Burial 2 □ Cramation 3 □ Ramoval fro 4 □ Donation 5 □ Other (Specify)	m Stata Ce	ematary, crematory o	r otner piece)							
	Party a		21. Signatury of Faneral Service Licenses	1/4 /	DEN CE	and Addrass of Racility	7-6-76	GREEN	HOME, P. A.				
Ba	Dep Suny			A	JOSE	PH, H. BROG	ON JK. 1	UNERAL	- HOME, P. A.				
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	To the Hospital or Attending I within 24 hours efter death.  To the Funeral Director: After completely filled in by the funer	edical	29a. Cartifiar (Check only 1 ☐ Certifying Physician: To to 2 ☐ Medical Examiner; On the	ha best of my know basis of axaminati	viedga, death occurre	ed at the time, date and pl	aca, and dua to the	a causa(s) and man	nar as stated.				
	the the training the f	Med	one) and ma	annar statad.				red at tha time, data and place, and dua to tha cause(s)					
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State of Maryland / Department of Health and Mental Hygiene 96 09251

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10	Phys eral di					респу)	
Division	Attending Physician: r death. ector: After this certific: by the funeral director,	Certification:	1 Naturel 5 Pending (Month, Dey Year) Injury Work?   2 Accident Investigation M 1 Yes 2 No				
		tific	3 Suicide 4 Homicide  6 Could not be determined  28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)			Rural Rout	e Number,
۵	rs after at Ofre ed in	Cer	building, etc. (Specify)	Only or Town, On	5107		
)	To the Hospital or Attending Phaight.  within 24 hours after death.  To the Funeral Director: After this concludes filled in by the funeral	edical	29a. Certifier (Check only one)  Cartifying Physician: To the best of my knowledge, deeth occurred at the time, data and plece, end  2 Medical Examiner: On the basis of axaminetion end/or investigation, in my opinion, daath occurred a and manner steted.	I due to the cause at tha time, date e	(s) and menner and plece, end	res steted. due to the ca	ause(s)
	D 5 0	7	29b. Signeture and title of certifier 29c. License number	29d. I	Dete signed (M	onth, Dey, Y	'ear)
	10	1	Timothy & Kong, InID. D37458		3/23	196	
			30. Nema end address of person who complated cause of daeth (Item 23e) (Type, Print)		7 -		
				imore	MD:	2120	
	Sta Registr		31. Date filed (Month, Day, Year)  32. Registrer's Signeture  32. Registrer's Signeture				
	negistr	ui	MILL NT 1330 June managen Northern				

600 10 ·

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

10 THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be flex within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

WHOTHINK: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

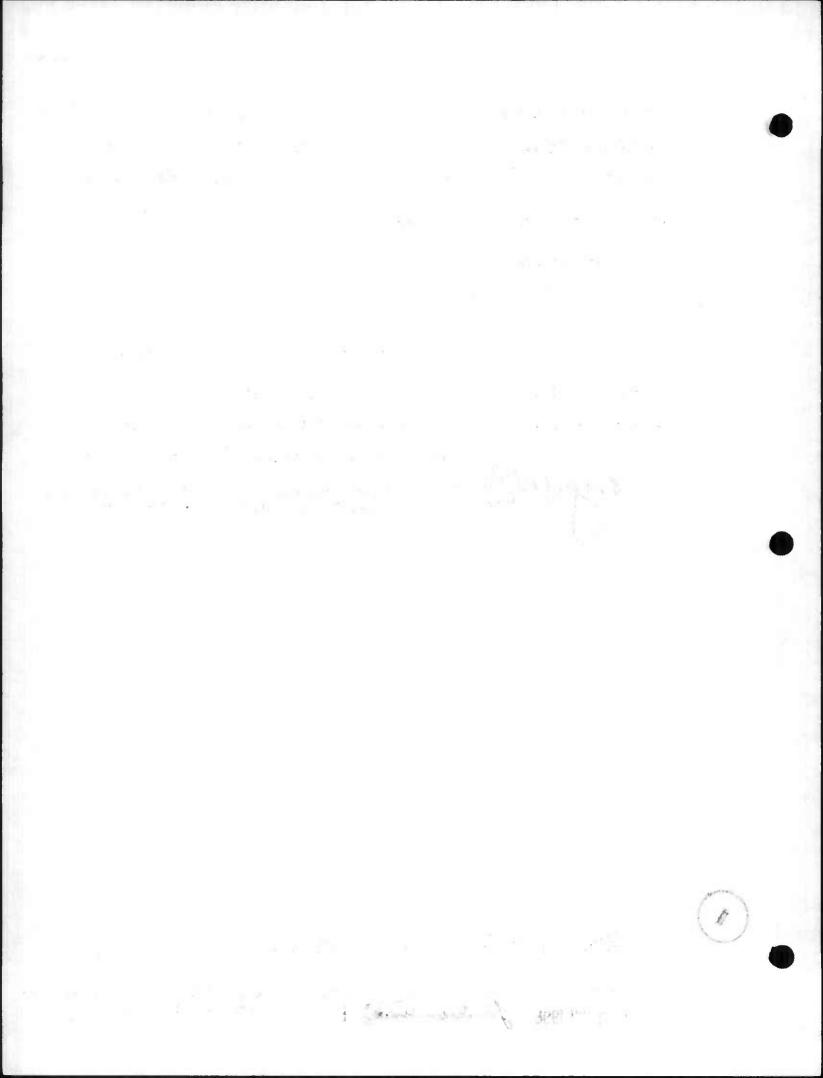
	1 - STATE REGISTRAR	STATE UF MAK	CERTIF					REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2. [	DATE OF DEATH		3. TIME OF DEATH		
	THELMA G.	BUCKSON					M	MARCH 27, 1996			8:40 a M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER		IF UNDER 24 HRS.		7. DATE OF BIRTH			LACE (State or Foreign	
OR	220-14-7211	1 ☐ M 2X(2) F	70 YRS.	MONTHS	DAYS	HOURS M	IN. SE	PT. 9,1	925	MARY	LAND	
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF D									RUNDEL		
ן כ	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT		100 00	OV TOWN	OR LOCAT	(ON						
DIRECTOR	MD	n/a Anne	T, IUWN	BALTIMORE Che						10d. INSIDE CITY V LIMITS? T YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1513 LITTLE	CREEK ROA	D	101. ZIP CODE 2161			619				STATES	
. 11	11. MARITAL STATUS 1 Never Married 2 V Married 3 Widowed 4 Divorced	FORCES? 1 Y	12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES ^ ^			B. WAS DECENDENT OF HISPANIC ORIGIN? (So If yes, specify, Cuben, Maxican, Puerto Ricar 1 YES 2/17 NO Specify:			s or No—	- American Indian, White, atc.		
	15. DECEDENT'S EDU (Specify only highest grad	JCATION completed	16a. DECEDENT'S	work done	during mo			16b. KIND OF BU	SINESS/IN	OUSTRY		
COMPLETED	(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)  (Give kind of work done during most of working life. Do NOT use retired.)							priva	atehome			
	17. FATHER'S NAME (First, Middle, Last) BENAMIN	Benjamin CAMPBELL					S NAME (F	First, Middle, Maiden		CAMPBI	ELL	
TO BE	198. INFORMANT'S NAME (Type/Print) SAMUEL BUC	KSON SR.	19b. MAILIN	G ADDRES	S (Street a	nd Number or I	Aural Aoute	Number, City or Tov	vn, State, Zi	PRE .	Chester MD 21619	
	20s. METHOD OF DISPOSITION  1 Å Burlel 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	novel from State	20b. PLACE AND DATE cemetery, crematory or	other place)		me of		DATE 20c. LC	CATION -	City or Tow	rn, State	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSE	KING M	EMOR J		PARK ID ADDRESS	OF FACILIT		ANUAL	1210	an, MD	
	Mimet	2 5 yo	nen		WM.	C. MAI	RCH H	₹F1101	Ε.	NORTI	H AVENUE	
	23. PART I. Enter yie diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	disease or condition and trace in trace and the burner of the disease of condition and the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of the burner of										
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated avants resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
- 1	PART II. Other significent condition	ns contributing to dea	th but not resulting	in the u	nderlyin	g csuse give	en in Part			24b.	WERE AUTOPSY FINDINGS	
MEDICAL								1 TYES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
<u> </u>		-						1	1 13 1100		OF DEATH?  1 YES 2 NO	
	DID TOBACCO USE CON	RIBUTE TO CAUS	E OF DEATH Y	ES 🗆	NO Z	UNCER	TAIN [					
¥	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
2	EXAMINER?	HOSPITAL:	Outpatient 3   DOA	OTHE		a 6 Deeld	ence & 🗆	Other (Specific)				
PHYSICIAN:	27, MANNER OF DEATH  280. DATE OF INJURY (Morith, Day, Year)  280. TIME OF INJURY AT WORK?						280	28d. DESCRIBE HOW INJURY OCCURED				
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	4											
8				non, at my	ориноп, с							
BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. D38/TP  296. DATE SIGNED (Mon  A COLLEGE NUMBER  296. DATE SIGNED (Mon  A COLLEGE NUMBER  297. LICENSE NUMBER  298. DATE SIGNED (Mon  A COLLEGE NUMBER  298. DATE SIGNED (Mon  A COLLEGE NUMBER  299. DATE SIGNED (Mon  A COLLEGE NUMBER  299. DATE SIGNED (Mon  A COLLEGE NUMBER  299. DATE SIGNED (Mon  A COLLEGE NUMBER  299. DATE SIGNED (Mon  A COLLEGE NUMBER  299. DATE SIGNED (Mon  A COLLEGE NUMBER  299. DATE SIGNED (Mon  A COLLEGE NUMBER  299. DATE SIGNED (Mon  A COLLEGE NUMBER  299. DATE SIGNED (Mon  A COLLEGE NUMBER  299. DATE SIGNED (Mon  A COLLEGE NUMBER  299. DATE SIGNED (Mon  A COLLEGE NUMBER  A COLLEGE NUMBER  299. DATE SIGNED (Mon  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEGE NUMBER  A COLLEG											
0	NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE O			. Pc	nkvo	~ :	garre	L71	M	21401	
	DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE				1					
	MAR 2 9 199	6 Julia Dew	idon-Phyles	6								
		_		7	%						DHMH-16 Rev 1	

and the second of the second

Item #11, 3/29/96, g-733eh
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			State of Mar	ryland /	Department of Certificate or			giene 9	6 0	9253
Phys		1. Decedent's Neme (First, Middle, Las	,				2. Dete of Dee Month	eth Dey	Yeer	3. Time of Deeth
/Med Exam	dical niner	Tellie Brown I	street and number)				Location of Death		of Deeth	Spm
Funera Directo		Madonna Herita 5. Social Security Number 6. S 215-14-1340 Usuel Residence of Decedent	ex 7. Age (	(In yrs. last bi	Yrs. If Under 1 Yes Months Dey		S. 8. Dete of Birt		9. Birthple Countr	ce (State or Foreig y) CAROLINA
Maryland a-f show	ctor	10a. Stele 10b. County  MARYLAND BALTIN			wn or Location				10	d. Inside City Limits
13-0020 72 hours efter death with the Maryland "natural", or ferm 23a or 28a-f show soldal Examiner mast be notified at	by Funeral Director	10e. Street end Number  216 E. Susqueha 11. Maritel Stetus 1 Never Merried 2 Marited 3 GWidowed 4 Divorced	anna Ave.  12. Wes Decedent Ev Amed Forces?  1		10f. Zip Code  212  13. Wes Decedent of If Yes, specify Cu 1 Yes 2 N	204 Hispenic Origin? (iben, Mexican, Pue		USA 14. Rac Biel Specify	A a - America ck, White, e	n Indien, ic.
within 906.	Completed	15. Decedent's Ed (Specify only highest grade) Elementery/Secondery (0-12)	ucation de completed) Collège (1-4or 5+) n / a		Decedent's Usuei Occ (Give kind of work don life. DO NOT use retii Machinist	e during most of wo red)	orking	16b. Kind of B	usiness/Indu	
Mical ylailla 2 d 2 should be filed v th and Mental Hygis 7 is marked other traumatic event, ii	To Be Co	17. Father's Neme (First, Middle, Last)  Obedah Butle					ome (First, Middle,			JAOL
		19e. Informent's Neme/Reletionship (7) Clarence John But	ype, Print)		b. Mailing Address (Stree 2825 Papern	et and Number or F	Rural Route Numbe		State, Zip (	Code)
2 2 2 6		20e. Method of Disposition  1 ☑ Burial 2 ☐ Cremetion 3 ☐  4 ☐ Donetion 5 ☐ Other (Specify	Removei from Stete		of Disposition (Name of any, crematory or other p Ley Valley N	iem.Garde	ns MARCH	Zuc. Location -		
permit. Pag Department Important: I	i di	21. Signeture of Typical Service Lices Bryan I	- /	1	10 W. Pa	Tuneral H	Timonia	im. MD S		, Inc.
Physician /Medica Examine	r r	23a. Pert1. Enter the database or companion of the shock, or heart failure. Let only describe the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of th	еСО	PD	consequence of):	ylng, such es cardie	oc or respiretory ar	rest,	- 1	Approximate nterval Between Onset and Deeth
cate be executed physician and the burial-transit	al Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse, [Disease or Injury	b	ue to (or es e	consequence of):				1	
ding se es	n/Medical	thet initiated events resulting in deeth) Last	d	e to (or es e	consequenca of):					
hat the od by the detache	by Physician/M	Pert II. Other significant conditions co	entributing to death but i	not resulting i	in the underlying cause (	given in Pert I.		obacco use co ∕es 2□ No	ntributs to 1	the cause of death
e law requires hes been sign ge 2 should be	Completed b						24e. Wes a	an autopsy med?	evel	e autopsy findings lable prior to pletion of cause eath?
certificate rector, page	To Be Cor	25. Wes case referred to medical examiner?	Hospitel: 1 ☐ Inpatient	2 🗆 ER/O	utpetient 3 DOA	Whor	1 ☐ Y eeth (Check only on Home 5 ☐ Resid	ne)		Yes 2□ No
or Attending Phys after death. Director: After this d in by the funeral d	Certification: T	27. Menner of Deeth  1. Naturel 5 Pending investigation 3 Suicide 6 Could not be	28a. Dete of Injury (Month, Day Y	/ear) 28b.	Time of 28c. Inj	ury et ork? □ Yes 2 □ No	28d. Describe h	ow injury occur	red	Route Number,
Hospital	Certi	29a. Certifier (Check only 2 Msdical Exam	building, etc. ( relcian: To the best of reliner: On the besis of ex	(Specify)  my knowledge ceminetion er	e, deeth occurred et the nd/or investigation, in my	time, dete and plec	City or Tow	m, State)	anner as sta	ted.
Tother	1	29b. Signeture endititie of certifier  MMLC	end menner stete	d.	29c. Lice	nse number 34矣 ン		3 ZLO		
3		30. Neme end eddress of person who c	ompleted cause of dee	th (Item 23a)	(Type, Print)			1	1	

State Registrar



Physicia /Medic		1. Decedent's Nem		Last) KELLY		В	AKE	lR.			2. Dete of Do Month MARCH	Dey	Yeer 1996	3. Time of Death
Examin	er	4a. Fecility Nema ( FRANKL	If not Institution, EIN SQU			AL				Fown, or L SEX	ocation of Dea		ty of Death	
Funeral Director		5. Social Security N 217-41-49 Usuel Rasidence of	921	Sex 1□M 2⊠F	7. Age (	(In yrs. lest b	irthday) Yrs.	If Under 1 Ya Months De		or 24 Hrs. Min.	8. Dete of Bi (Month, D April	irth ey, <i>Year)</i> 15,199	9. Birth Cou	piece (State or Foreign intry) cyland
r 28a-f show notified at		10e. Stata	10b. County			IOc. City, Tov								10d. Inside City Limits
Pulling	octo	Maryland		ore Cour	ity	Baltir	more							1 ☐ Yes 2 ☑ No
23a or 2	Funeral Directo	10e. Street end Nu 5806 Farm		enue				10f. Zip Cod 2120				10g. Citizen d		intry?
o'.	þ	11. Maritei Stetus 1 ☑ Never Marr 3 ☐ Widowed	ried 2 Merried	12. Wes Dec Armed F 1 Yes If Yes, G Yaar or I	orcas? 2 <b>X</b> No ive	-,-		Wes Decedent of Yes, specify C	uben, Mexic	an, Puerto	pecify Yes or N Rican, etc.)		ace - Amer leck, Whita	, etc.
"natural", edical Ex	eted	(Spec	15. Decedent's	Education grade completed	)	186	Deced	dent's Usuel Oc kind of work do DO NOT use rel	cupation ne during mo	ost of worl	kina	16b. Kind of	Business/I	ndustry
the Me	Completed	Elementery/Second	ondery (0-12)	Coilege (	(1-4or 5+)	N/		DO NOT use rei	'Ired)			N/A		
marked other than matic event, the M	To Be	17. Father's Name Carson Ed									e (First, Middle uise Hi	e, Maiden Sum	em <i>e)</i>	
		19e. Informant's N			er			ng Address <i>(Str</i> Farmvie						
Important: If item 27 is any injury or other tra once.		20a. Method of Dis 1 Buriai 2		☐Ramoval from		20b. Plece comet	of Dispo ery, cren	esition (Nema of netory or other)	plece)		Data /96	20c. Locatio	n - City or T	
importi any inj once.		21. Signatura of	ineral Service Lic	erisee	32	>	Jo	Neme end Ad hn C. M 15 Bela	iller,	Inc	altimor	e, Mar	/land	21206
sician edicai		23a. Pert1. Enter t shock, or hee Immediete Cause disease or condition	(Finel			e death. Do	not ent	er the mode of						Approximete Interval Between Onset and Deeth
aminer	xaminer	resulting in death)		e. 7001E	-	Je to (or as a					<u> </u>		1	
and -transit	E	Sequentielly list co	enditions,	U	Du	ue to (or es e	conseq	uence of):						

Completed by Physician/Medical Be

To the Hospital or Attending Physician: The law requires that the death certificate be aw within 24 hours efter death.

To the Funeral Director: After this certificate has been signed by the attending physician is To the Funeral Director: After this certificate has been signed by the attending physician completely filled in by the funeral director, page 2 should be detached for use as the burial

Division of Vital Records, P.O. Box 68760,

State Registrar

rany, leeding to immedicause. Entar Underlying Cause (Diseese or Injury that initiated events rasulting in deeth) Last Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the causs of death? 1 Yes KENO 3 Probably 4 Unknown CEREBRAL PALSY 24b. Were autopsy findings aveileble prior to completion of cause of death? 24e. Was an autopsy performed? Yes Dayes 2 No 2 No 25. Wes case referred to medical exeminer? 28. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Medical Certification: To 1 X Yes 2 □ No 1 ☐ Inpatient 2 XER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Pending investigation 1 XXNeturel 1 Yas 2 No 2 Accident 8 Could not be determined 3 Suicide 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 28e. Piece of Injury - At home, ferm, streat, fectory, office building, etc. (Specify) 4 - Homicide 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and manner as steled.

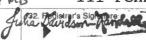
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete end plece, and due to the cause(s) and menner steled.

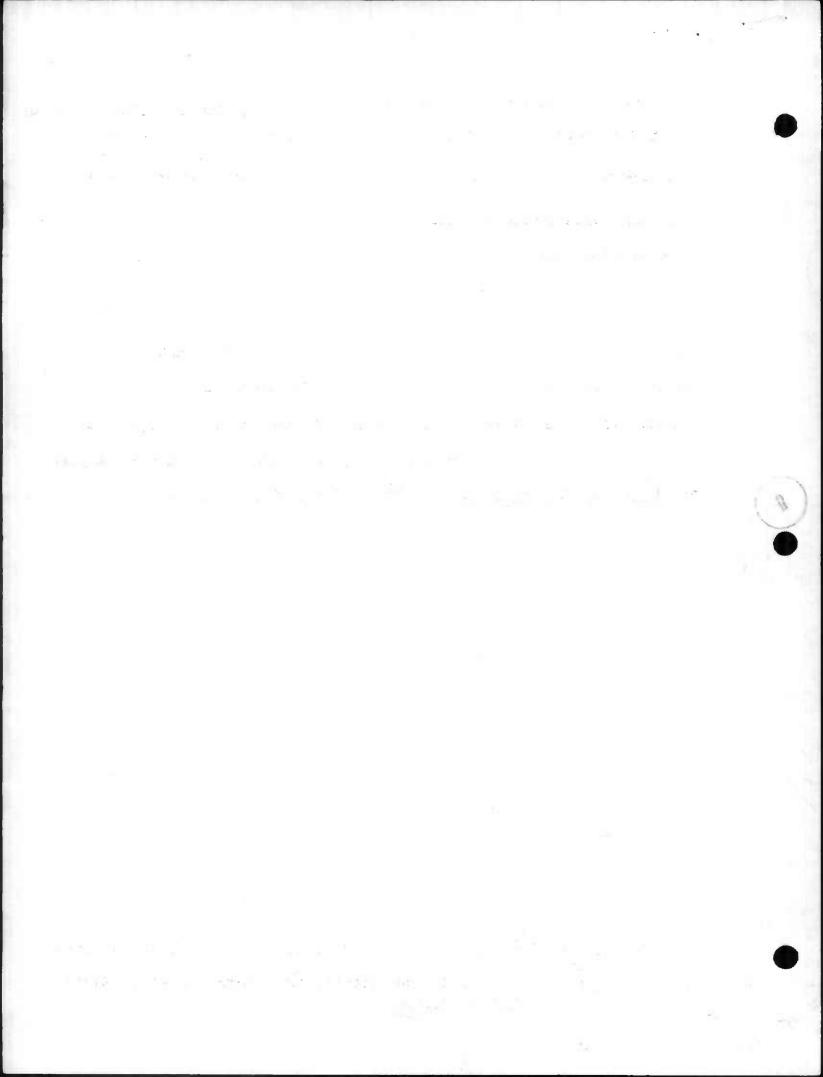
30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

29c. License number 29d. Dete signed (Month, Day, Year) O.C.M.E MARCH 28, 1996

111 Penn Street, Baltimore, Maryland 21201

29b. Signeture and titla of certifia





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEI	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		CATE OF DEA		NTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest)					DATE OF DEATH		3. TIME OF DEATH
	JOHNSON	B	CA	LAWFOR		MAR Z	9 96	12/2 AH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. last birthday)		DER 24 HRS. 7.	DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign
	215-20-6300	1 M 2 🗆 F	78 YRS.	MONTHS DAYS HOURS	N	OV, 3, 19	17 NO	RTH CAROLINA
RC	BON SE COU	./	ITAL	BALTIA			9c. COUNTY	V/A
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		Lan- gray	TOWN OR LOCATION				10d. INSIDE CITY
DIRECTOR	MARYLAND	N/A	10e, CITY	BALTI		CITY		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	210 N. MONI	ROE STR	FFT	10f. ZIP C	212	23	10g. CITIZEN	OF WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES		If yes, specify Ct		uerto Rican, atc.)		Specify:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)		USUAL OCCUPATION rork done during most of wo	rking	16b, KIND OF BUS	BINESS/INDUSTI	RY
F.	STH GRADE	College (1-4 or 5+)	7/2	ANCE MANI	ACFE	SCH	+001	
S O	17. FATHER'S NAME (First, Middle, Last)		111/11/01/210			(First, Middle, Meiden		500
	PINK	CRAU	UFORD	G	ERTRI	IDE	CE	AWFORD
BE	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Num				
임	DOROTHY CA	RAWFORD	2101	V. MONROE	ST. B	ALTIMOR	EMD.	2/223
	20g, METHOD OF DISPOSITION  1 Suriel 2 Cremetion 3 Remo		meters assembles as of	F DISPOSITION (Name of			CATION — City	
	4 Donation 5 Other (Specify)	K	ING MEM	ORIAL PAR				WA, MD.
	21. SIGNATURE FUNDINAL SERVICE LIC	ENSES. A	Car	JOSE PH	H, BRO	SWN FU		HOME, P. A.
	23. PART I. Enter the diseases, or o	complications that cause	od the death. Do n	Q140 N	1-427			40RE, MO. 2/2/7
	ahock, or heart fallure.			or enter the mode of	dyning, such a	a cardiac or reap	ratory arrest,	Alphiovillarii
- 11			oodii iiiidi					Interval Between
	IMMEDIATE CAUSE (Finel disease or condition			ADOUV	THAN			Interval Between Onset and Death
		CARDI	IAC	ARRHY	THM	IA		
-	disease or condition	a. CARD	A CONSEQUENCE OF	7):			CTIO	Onset and Death
NOI	disease or condition resulting in death)  Sequentially list conditions,	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF	CARDIAL T:	I	NFAR	207101	Onset and Death
CATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF	CARDIAL	I	NFAR	DISE	Onest and Death
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ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  DID TOBACCO USE CONTI  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. WANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be datermined  29e. CERTIFIER (Check only)	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DU	A CONSEQUENCE OF  A CONSEQUENCE OF  CLENOT  A CONSEQUENCE OF  but not resulting I  DF DEATH YE  28. PLACE OF DEAT  Ipatient 3 DOA  28b. TIM  INJ  TY — At home, farm, a  wiedge, death occurrence.	CARDIAL  THE CARDIAL  THE CARDIAL  THE CARDIAL  THE CARDIAL  THE CARDIAL  THE CHECK only one)  OTHER: 4   Nursing Home 5  E OF 26c. INJUST A  WORK?  M 1   YES  street, factory, office	Plo VAS of the given in Part NCERTAIN Residence & 20 NO 26 ace, and due to	TI. 24a. WAS AN PERFO!  1 YES 2  Other (Specify)  Id. DESCRIBE HOW if City or Town, Stete, the cause(e) and ma	AUTOPSY INDED?  NO  NJURY OCCURE and Number or R	Onant and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  DID TOBACCO USE CONTI  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. WANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be datermined  29e. CERTIFIER (Check only)	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DU	A CONSEQUENCE OF  A CONSEQUENCE OF  CLENOT  A CONSEQUENCE OF  but not resulting I  DF DEATH YE  28. PLACE OF DEAT  Ipatient 3 DOA  28b. TIM  INJ  TY — At home, farm, a  wiedge, death occurrence.	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WAS AN PERFO!  1 YES 2  Other (Specify)  2d. DESCRIBE HOW (City or Town, Steel)	AUTOPSY MED?  XI NO  NJURY OCCURE and Number or R  nner se stated, id due to the ca	24b. WERF AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  DID TOBACCO USE CONTI 25. 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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q 6

						C	Certifica	e of	Death		Reg. N		) ) [	
			1. Decedant's Name (First, Middle	, Last)						2. Date of	Death		3. Time	of Death
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}	Exami		4a. Facility Nama (If not Institution					-	4b. City, Tov	vn, or Location of De		c. County of Deat	1	11
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Va	Went Went wrked	To	Robert C	. Anderson					E	Beatrice A	I. Ge	lser		
Maryland	nd 2 sho lith end I 27 is me r traumi		19a. Informant's Name/Relations Jeanette Sim							or Aural Route Nu et, Baltir				18
imore,	permit. Pages 1 and 2 should be filed within Degarment of Health end Mental Hygiene. Important: If Itam 27 is marked other than 1 way follury or other traumatic event, than 800.6.		20e. Method of Disposition  1 XB Arial 2 Cremation  4 Donation 5 Other (Se		CA	metary.	isposition (Na crematory or edeeme	thar pla	œ) metery	7 3/30/19		Location - City or Baltimor		
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	To the Hospital or Attanding I within 24 hours effer death.  To the Funeral Director: After completely filled in by the funer	edicai	29a. Certifier 1 Certifying (Check only one) 1 ☐ Certifying 2 ☐ Medical I	Phyeician: To the be examiner: On the basis and manner	s of axamination	ledge, d	laath occurred or invastigation	at the tion, in my o	me, date and opinion, daat	place, and due to h occurred at tha tir	ha causa( na, date a	(s) and mannar as nd place, and dua	stated. to the caus	e(s)
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	i		1		1	40	7	D	224	19	-	129/	91	
	1		30. Name and address of person	who complated causa of	of death (Item	23a) (Ty	rpe, Print)				-	11/	16	
			Patriciai	); shar	oon	M	0 3	41	45+	· 19 · Paul	St.	Balt	Limo	ze MD
	Sta Registi		APR 41 1996	g.s. se 32. Fly	Shor Josh							,		

Registrar

96-1597-025 UNK 96-055 ITEMS: 23 PART I, Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 27, 28a-f. PER MEO FILM G-734 Certificate of Death 4/20/96 t.t 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** MARCH 1555 P CHAMBERS, Jr. DOUGLAS 1996 21 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 755 **BERG** WAY **EDGEWOOD** HARFORD 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Devs Hours 1⊠M 2□F Yrs **Director** 216-84-4107 Aug. 6, 1964 Maryland 31 Usuel Residence of Decedent 10a. Stete 10c. City, Town or Location 10b. County / is marked other than "natural", or items 23a or 28a-f show traumstic avent, the Medical Examiner must be notified at 10d. Inside City Limits Maryland Harford Edgewood 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1532 Harford Square Drive 21040 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 11. Maritel Status permit. Pages 1 and 2 should be filed within 72 hours after a Important: If them 27 is marked other than "natural", or iten any injury or other traumetic svent, the Medical Examinet once. Black. White, etc. 1 ☐ Yes 2 💆 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 White Specify: 1 ☐ Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) unknown unknown Laborer Construction 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Douglas M. Chambers, Sr. Anna May Steiner 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Mrs. Anna Scally/Mother 1532 Harford Square Drive-Edgewood, Maryland 21040 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetlon 3 ☐ Removel from Stete 4 □ Donation 5 ☑ Other (Specify)n State rem. Joseph B. Van Sant 22. Name end Address of Fecility State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201-1559 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediete Cause (Finel disease or condition resulting In deeth) /Medical SEIZURE DISORDER COMPLICATED BY ENVIRONMENTAL HYPOTHERMIA **Examiner** Due to (or as e consequence of) Examiner physician and the burial-transit The lew requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760 Physician/Medical Due to (or es e consequence of): 88 for use as P.O. ed by the detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b of Vital Records, Completed by page 2 should t 24b. Were autopsy findings evailable prior to completion of cause of death? 24e. Wes an autopsy performed? 2 No certificate 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient Other:  $_{4\square}$  Nursing Home  $_{5\square}$  Residence  $_{6}$  Other (Specify) SCENECertification: To 1X Yes 2 No 2 ER/Outpetient 3 DOA this funeral 27. Manner of Deeth 28e. Dete of injury (Month, Dey Yeer) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Division After FOUNDY 1 Neturel 5 Pending death. Investigation 1 Yes 2 No EXPOSED TO VERY COLD WEATHER efter death Director: / 3 in by the f 2 XXAccident 2:00 3-21-96 FOUND 6 Could not be determined 3 Suicide Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 755 BERGWAY 4 Homicide in 24 hous. The Funeral Dis-EDGEWOOD, MD. FOUND IN WOODED AREA Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) and menner es steted.

Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piace, and due to the cause(s) end menner steted. 29e. Certifier edicai To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) O.C.M.E MARCH 22,1996 30. Name and address of person who completed cause of death (Nem 23a) (Type, Print)

WARLO F. GOLW JR WW 111 Penn Street, Baltimore, Maryland 21201 31. Dete flied (Month, Dey, Year) 32. Registrer's Signeture State Luke Savidan

**DHMH 16 Rev 6/95** 

Registrar

APR 01 1996

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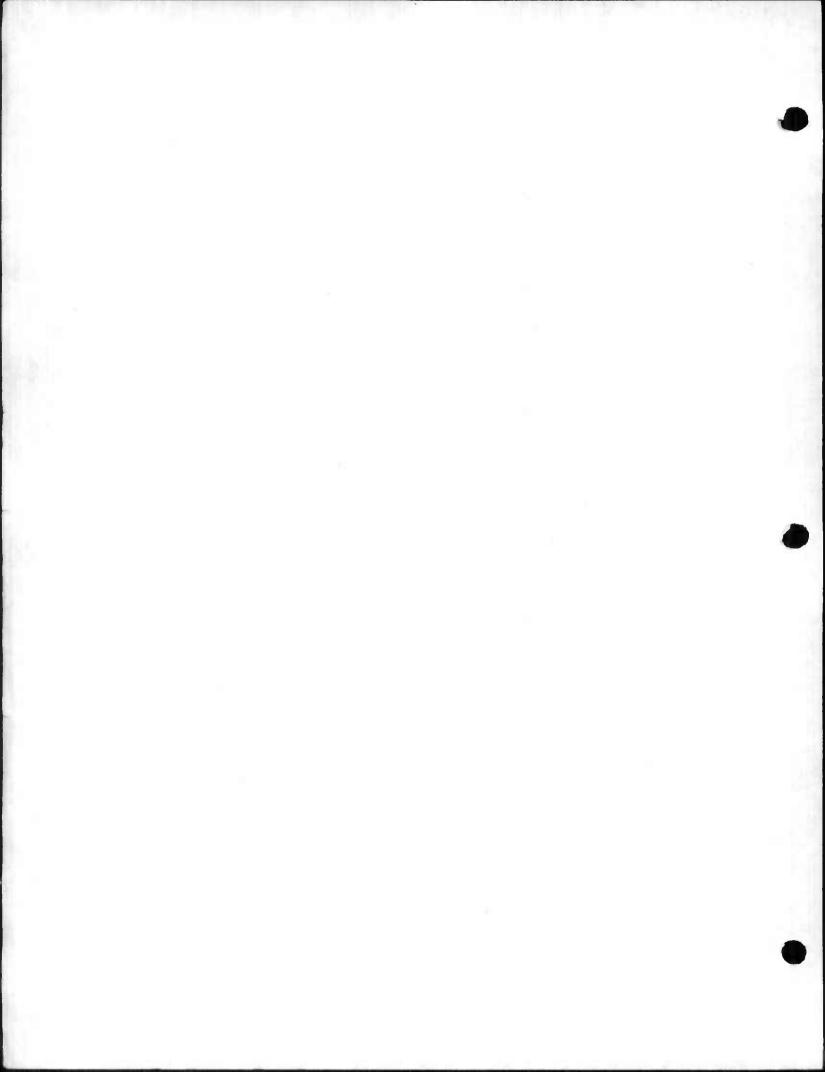
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/Medi	cal		NER LEIGH C				41 O's T				4;15 A.
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Funeral Director		5. Sociel Security Number 212-03-2660	1□M 2/CAF	. Age (In yrs. las	st birthday) If Un Monti	der 1 Year ns Deys	If Under 24 Hrs. Hours Min.	8. Date of Birth	<b>19</b> 15	9. Birthplace No Tourn	(State or Fore Carolin
ě u		Usual Residence of Decedent 10a. State 10b. Cou		10c. City,	Town or Location					10d.	Inside City Lim
tifled at	ctor	Md.	Baltimore		Reis	ters	own				1 ☐ Yes 2 🖔
23s or 21	al Director	10e. Street and Number 1204 Nicodem	us Road		10f.	Zip Code	21136	10	0g. Citizen of	What Country? USA	
natural', or items 23s or 28s-f show dical Examiner must be notified at	by Funeral	11. Meritel Status  1 Never Married 2 N  3 Widowed 4 Divorce	Armed Ford				dispanic Origin? (Spen, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		ce - American I ck, White, etc. ly:	hite
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certificate irector, pag	Be	25. Was case referred to med examiner?	Hospital:			DOA ON	26. Piace of Deet	1			
10 G	n: To	1 Yes No 27. Manner of Death	28a. Date of	injury 2	8b. Time of	28c. Injui	4 LI Nursing Ho	me Reside 28d. Describe ho			
within 24 hours after death.  To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Suicide 6 Cou	stigation id not be armined 28e. Placa o	f injury - At homo, etc. (Specify)	injury M e, farm, atreet, fac	10	Yes 2□No	28f. Location (Str City or Town		ber or Rural Ro	ute Number,
24 hours and Funeral Coletely filled	edicai C	29a. Certifier (Check only one) Certifier Medic	ying Physician: To the ball Examiner: On the basend menne	is of examination	edge, death occurr n end/or investigati	ed at the tir on, in my c	ne, dete and place, pinion, death occurr	and due to the ca ed at the time, da	use(s) and mate and pleca.	anner as stated and due to the	i. cause(s)
within 2 To the I	Me	29b. Signeture and title of cert		lust	e l	29c. Licens	36814		3/	ZG/G	Year)
12		30 Name and address of pers	on who completed cause	of death (item 2	3a) (Type, Print)	IER.	DR, Sui:	TE504	Tows	nn	DZI

VOID
CERTIFICATE # 96 09259

SEE

CERTIFICATE M



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene o 50

Lake View Memorial Pk.

22. Nama and Addrass of Facility

Eline Funeral Home

Physicia /Medica	al .	JEFFE		EDW			CC		<del>JR.</del>		2. Data of De Month MARCH	26, 1	Yaar 996	3. 1 the th
Examine	r	4a. Facility Nama	(If not institution, g	iva street and nu ERSTOW							ocation of Deat RE CO.	BAL BAL	,	County
Funeral Director		5. Social Security  218-17-8  Usual Rasidance	8669	Sex 1ØM 2□F	7. Aga (In yrs 12	last birthd Yrs	Months			24 Hrs. Min.	8. Data of Bir Month, Da Augus	th Year) 198:	O Diete	placa (Stata or Foraign nty) Lto. Md.
a or 28a-f show be notified at		10a. Stata  Md.	10b. County	timore	10c. C	ty, Town o	r Location ters to	wn						10d. inside City Limits 1 ☐ Yas 2 ☐ No
2	al Director	10e. Street and No.	umber Vestminst	er Road			10f. Zij	Coda	2113	36		10g. Citizen of		intry? ISA
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natu	ered	(Spe	15. Decedent'a l	Educetion rada complated)		18a. De	ecedant's Usu Siva kind of wo	ai Occ	upation a <i>during m</i> os	at of work	ing	18b. Kind of B	Business/Ir	ndustry
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D off	10 Be		E. Cox							ar's Nam Debb	/	, Maiden Sumai Wilson	ma)	
27 le marke r traumatic		19a. informant's h	Name/Raiationship bie L. Ho	(Type, Print)		19b. M	_		et and Numb UNSTE			er, City or Town		
them office	- 1	20a. Mathod of Di					isposition (Na cramatory or	ma of		1	Data	20c. Location		

Physician /Medical Examiner

physicien end s the burial-transit

o

signed by t

page 2 hes

certificate

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I

that the death certificate be executed

Division of Vital Records. P.O. Box 68760.

Examiner

Physician/Medical

by

Completed

Be

Medical Certification: To

Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disaase or injury that initiated evants rasulting in death) Last

Immediate Cause (Final disaasa or condition rasulting in death)

Multiple

line

Dua to (or as a consequence of)

art1. Entar tha disease, or complications that ceusad tha death. Do not anter the mode of dying, such as cardiac or respiratory arrest, nock, or heart failure. List only one cause on each line.

Dua to (or as a consequance of):

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the causs of death? 3 Probably 4 Unknown 1 ☐ Yss 2 1 1 No

Sykesville, Md.

11824 Reisterstown Rd. Reisterstown, Md. 21136

24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to completion of cause of death?

PM.

Approximata Intarvai Betwean Onset and Death

f∰Yas 2□ No

3/29/96

1 ☐Yes 2 ☐ No

25. Was cesa rafarred to medicei 26. Place of Deeth (Check only ona) axeminarr 1∑ Yas 2□ No Other: 4 Nursing Homa 5 Residence 8 MOther (Specify) STREET 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work?

Roady

1 Netural 5 Pending invastigation 3-26-96 2 Accidant 3 Suicida 6 Could not be

1 Burial 2 □ Cramation 3 □ Ramovai from Stata

4 ☐ Donation 5 ☐ Othar (Specify)

21. Signature of Funarai Sarvice Licenses

Injury 15 25 M 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

ah

1 Yes 2 ₹No

28d. Dascribe how injury occurred cyclist Miles Smuch 28f. Location (Street and Number or Rural Routa Number, City or Town, State)

11809 Reistarshun 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner as stated.

2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and title of certified

31. Data filed (Month, Day, Year) APR 0.1 1996

4 Homicide

29a, Cartifiar

29c. Licansa number O.C.M.E.

29d. Data signed (Month, Day, Year) MARCH 27, 1996

30. Nama and addrass of person who completed causa of daath (Item 23e) (Type, Print) d Fowler

111 Penn Street, Baltimore, Maryland 21201

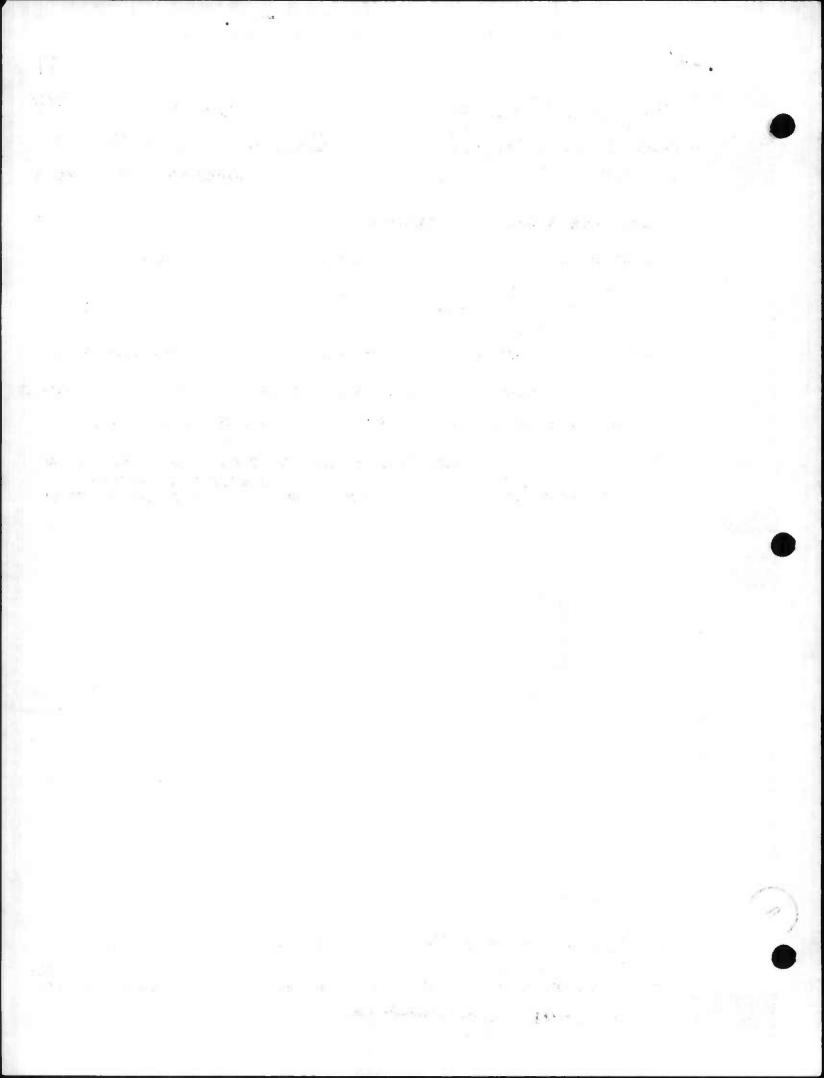
State Registrar



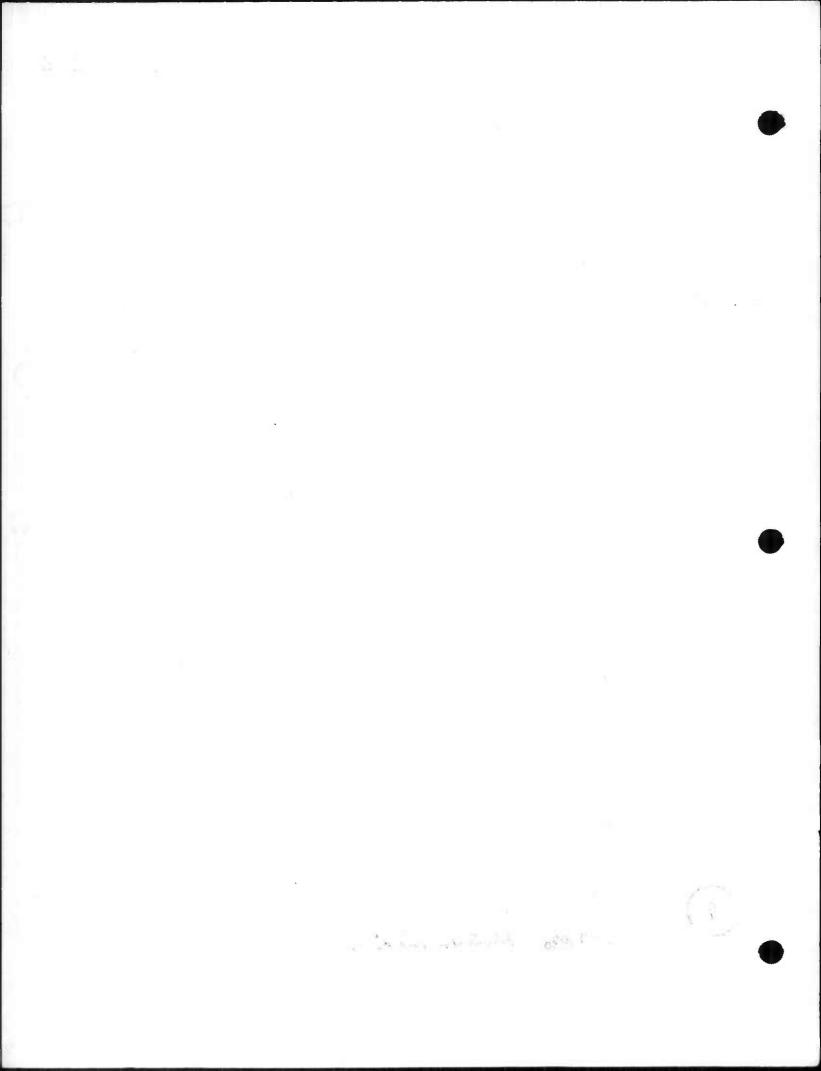
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# Amended 3/29/96, g-733, Item #leh . Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

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	Physici /Medi		1. Decedant's Nama Arthur	ristopher	- I	2. Data of I Month	25 90	3. Time of Death
	Examir Funeral Director	ner	4a. Facility Nama (If not institution, riva street 5. Social Security Number 216-34-4768	7. Aga (In yrs. last bin	(	Ab. City, Town, or Location of Der BUTALE  If Undar 24 Hrs.  B. Data of E  Month, I  09/02	Anne A	ath  TWOE  irthplaca (Stata or Foraign Country)  NNSYLVANIA
	and tand		Usual Rasidance of Decedent  10a, Stata 10b, County	10c. City, Town	n or Location			10d. Insida City Limits
	death with the Maryland me 23a or 28a-f ahow mass to a nutfied at	ctor	MARYLAND ANNE ARUNDI	EL PAS	ADENA			1 ☐ Yas 2 🛱 No
	vith the	Director	10e. Street and Number		10f. Zip Code		10g. Citizan of What C	Country?
	saath w	Funeral	8481 GENEVA ROAD  11. Marital Status 12. W	as Decedant Evar In U.S.	21122	ispanic Origin? (Specify Yas or N	U.S.A.	narican Indian,
21215-0020	or he	by	1 Nevar Married 2 Married 1	med Forcas? XYas 2 □ No Yas, Giva aar or Datas: KOREAN	If Yas, specify Cube	ilspanic Origin? (Specify Yas or Nan, Maxican, Puarto Rican, atc.)  Specify:	Black, Wh Specify:	white, atc.
15-0	72 hours	eted	15. Decedant's Education (Specify only highast grada com	plated)	Decedant's Usual Occup (Giva kind of work dona iifa. DO NOT use ratine	ation during most of working	16b. Kind of Businas	s/Industry
212	within jiene. r than	Completed		ollega (1-4or 5+)	WOODWORKEI		COAST GUA	RD YARD
	office of the vent,	BeC	17. Fathar's Nema (First, Middla, Last)			18. Mothar's Nama (First, Midd	la, Maiden Sumama)	
Maryland	should be ad Mental marked o	To			HRISTOPHER	ELEANOR	ALICE	SHIPLEY
	f Health and Mer f Health and Mer tem 27 is marks other traumatic		19a. Informant's Name/Ralationship (Type, P WILLIAM ARTHUR CHRIST			and Number or Rural Route Num AD, MILLERSVILL		
ore,			20a. Mathod of Disposition 1	20b. Placa of	Disposition (Nama of y, cramatory or other place	Data	20c. Location - City of	or Town, Stata
Baltimore,			4 □ Donation 5 □ Other (Spacify)	GLEN H		AL PARK 3/28/96		
Bal	permit. Pa Departmen important any injury once.		21. Signatura of Funaral Sarvice Licensaa	7		SS OF Facility SINGLETON AVENUE S.W., GL		
	Physician /Medical Examiner	er	23a. Part1. Enter the diseasa, or complication shock, or haart failura. List only one cat immediate Causa (Final diseasa or condition resulting in deeth)	Acute.		lid unfer		Approximate Intarval Batween Onsat and Death
x 68760,	death cartificate be assouted e attending physician and of for use as the burial-transit	/Medical Examiner	Sequentielly list conditions, if any, faeding to immediate causa. Entar Underlying Cause (Diseasa or injury that initiated evants rasulting in death) Last	Due to (or as a c				
Box	death e atten	Physician/Me	Part II. Other significant conditions contribut	ing to death but not resulting In	tha underlying causa giv	en in Pert I. 23b. Df	d tobacco use contribu	te to the cause of death?
P.0	es that tha daath cartificing of the attending to be datached for usa as	Phys	^	E.,				Probably 4 Unknown
Records,	been s	Completed by	Complete	Leart '	block		as an autopsy riormed?	wara autopsy findings available prior to completion of cause of death?
	The law ata has page 2	Som				10	Yas 2 No	1 Yas 2 No
of Vital	yelclen: The	Be	25. Was casa rafarred to medical axaminar?		046	26. Placa of Deeth (Check only	y ona)	
to	0 0	n: To	ILI tes ZETNO	1 ⊈Inpatient 2 ☐ ER/Ou	tpatient 3 DOA Oth	4 U Nursing noma 5 U Ha	sidance 6 Other (Sp e how injury occurred	pecify)
Division	To the Housell or Attending Ph within 2-thours after deam To the Funeral Director: After th complately filled in by the funeral	Certification:	2 Accident Invastigation	a. Place of Injury - At homa, fabuilding, atc. (Specify)	M 1 🗆	Yas 2 No 28f. Location	(Street and Number or own, Stata)	Rural Route Number,
0	Ho Ne Funeral Diataly fille	edical C	(Check only 2 Medical Examiner: C	: To the best of my knowledge on the basis of examinetion and and manner stated.	, death occurred at tha tin d/or invastigation, in my o	na, data end place, and due to the plnion, deeth occurred at the time	e cause(s) and mannar e, dete and place, and d	as stated. ua to the cause(s)
· ·	Toth	Me	290. Signature and title of certifler	de	29c. Licans	3624	29d. Data signed (Mo	nth, Day, Year)
	17		30. Nama and addrass of person who complete					21061
	Sta	te	BASANT K. KHANDELWAL  31. Data filed (Month, Day, Year)	, M.D., 1600 (	CRAIN HIGHWA	Y, S.W., SUITE	201, GLEN 1	BURNIE, MD.
	Registr		MAR 29 1996	June Davidon	-fondelle			



		1 - STATE REGISTRAR				LAND / DEPA CERTII					REG.	NO.		
		1. DECEDENT'S NAME (First, Mick	dle, Last)	Everett	t LE	MENS	S				2. DATE OF DEAT MONTH MARCH	H DAY 26	YEAR	3. TIME OF DEATH  2/12 A M
		4. SOCIAL SECURITY NUMBER		s. SEX		(In yrs. last birthday	) IF UND	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	1	1996 8. BIRTHPI	LACE (State or Foreign
10		069-09-8625	1	1 🔀 M 2 🗌 F		79 YRS.	MONTHS	DAYS	HOURS	MIN.	Sept 8,		Country)	York
should	1_1	9e. FACILITY NAME (If not instituti	ion, give stree	it and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DEA			UNTY OF DEA	
2,	CTOR	Charlestown	CAIT					Cato	nsvi	11e		Ва	altimo	re
Pages 1,	I iii l		b. COUNTY			10c. C	ITY, TOWN	OR LOCAT	TION				1	IOd. INSIDE CITY
₹	DIRI	Maryland	Balt	imore			1	Monkt	on				100	LIMITS?
t permit.	\¥	10e. STREET AND NUMBER						101	ZIP CODE	E		10g. CIT	TIZEN OF WH	IAT COUNTRY?
DZU physician. burial-transit	FUNERAL	16223 Corbett								2111				JSA
Mysici ourial-		11. MARITAL STATUS 1 Never Married 2 X Merr		FORCES? 1	1 YES	2 NO	13	If yes, sp	ecify Cube	n, Mexicen	C ORIGIN? (Specify, Puerto Ricen, atc.	Yes or No—	14. RACE - Black,	- American Indian, White, atc.
P 2 2	B	3 Widowed 4 Divorced		IF YES, GIVE V	MAR OR DA	WWII		1 TYES	2 ₹ NO	Specify:			Specify:	White
Tattend use as	日日	15. DECEDEN (Specify only high	NT'S EDUCAT	(ION mpleted)		16a, DECEDENT	f work done	durina mo	ON et al worldr	w.	16b. KIND OF	BUSINESS/IN	DUSTRY	MILLEE
fal or d for d	Ē	Elementary/Secondary (0-12)		College (1-4 or 5	+)	iife. Do NOT	use retired.	)						
AND he hospit detached once.	COMPL	12 17. FATHER'S NAME (First, Middle,	( net)	5+		Guida	nce (	Couns		-	-	School	L/Educ	ation
2 8 W	1	Clarence	Alvai	ro	Clem	none			18. MO11	1000	E (First, Middle, Me	Sillies -		
MARY retained by 5 should b		190. INFORMANT'S NAME (Type/P)		10	Clem		G ADDRE	SS (Street e	nd Number		net oute Number, City or		irane	
be reta be 5 st be 0 st		Shirley B. Cl	emens								e Lane,			21111
may be		20s. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremation 3	Remova	of from State		b. PLACE AND DATE metery, crematory or	E OF DISPO	SITION (Na				LOCATION -		
E de de C		4 Donation 5 Dother (Spec	cify)			detro Cr	emato	ory			March	Catons	ville	, MD
		21. SIGNATURE OF FUNERAL SET	AVICE FICEN	SEE / Va	res	-	22	_		SS OF FACE	al Home			
rs after dea n by the fur removal.	Щ		Clary		7	1		10 W	l. Pa	donia	a Road,	Timoni	lum, M	D 21093
hours after death.  Hours after death.  Hours after death.  House in by the funeral.  Medical examile		23. PART I. Enter the disease abook, or heart	tellure. Lie	ipilications the	nee fou e	the deeth. Do	not ente	r the mo	de of dyl	ng, auch	aa cardiac or n	apiratory ar	reat,	Approximate interval Between
4 5 8 8		IMMEDIATE CAUSE (Final disease or condition		7/20	- 1	() 			. 10	l.	1. )			Onset and Death
within poleteh crema		resulting in death)	0	DUE TO	STQ.	te ca	<u>∧ (U)</u> 0Ð:	2 6	0141	· V	retast	2515		years
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ficate be physician ne prior b	길	cause. Enter UNDERLYING CAUSE (Disease or Injury	c .	DUE TO	100 AC (	A CONSEQUENCE (	200							
Hygie g	RTIF	that initiated events resulting in death) LAST		UUE 10	(UR AD A	1 CONSECUENCE	OF):							
the death y the atten d Mental H	"		d											<u> </u>
E SA E	CAL	PART II. Other algoliticant co	onditions c	ontributing to	death b	out not resulting	In the u	nderlying	ceuse g	iven in P	ert I. 24a. WAS PER	AN AUTOPSY	A	YERE AUTOPSY FINDINGS
8 3 E C	1 5 1										_ I □ YE	5 2 0 NO		OMPLETION OF CAUSE OF DEATN?
w requires that been signed to the ptr. of Health a shows any	1 11	DID TOBACCO USE	CONTRIF	PILITE TO CA	ALISE C	NE DEATH Y	/EC 🗆	NO F	LIMC	POTAIAI			1	☐ YES 2 → NO
A has	A	25. WAS CASE REFERRED TO ME		OIE IO CA		26. PLACE OF DE			UNC	ERTAIN	N			
SiCIAN: The certificate he state in the State ii.	1 97	EXAMINER?		OSPITAL:		patient 3 DOA	ОТНЕ	A:	• 8 □ Re	sidence 8	☐ Other (Specify)			
PHYSICIA this certif with the	PHY	27. MANNER OF DEATH		28e. DATE OF (Month, D	F INJURY	28b. TII		28c. JNJI			28d. DESCRIBE NO	W INJURY OC	CURED	
NG PHYS fler this eath with	BY	1 Natural 5 Pendl 2 Accident Invest	ling Hightion		251		M	1 🗆 Y	'ES 2 [	NO				
ATTENDING ECTOR: After s after death	8	3 Suicide 8 Could 4 Homicide determ	d not be	28e. PLACE O building,	OF INJURY , atc. (Spec	Y — At home, term, ocily)	streat, ted	ctory, office			281. LOCATION (Str City or Town, S	set and Number tete)	r or Rural Rou	ite Number,
OR ATTENDING P DIRECTOR: After the hours after death v		20. OCCUPANTO 1												
<b>B B C</b> =	COMPLET	(Check only				viedge, death occur								and manner ee stated.
THE HOSPITAL THE FUNERAL filed within 72 t	8	29b. SIGNATURE AND TITLE OF C		// the bear o	ABIIIIIIIII	n entror investiget	ion, string	opinion, o						
분 분을 중	8	Par hista	A VIII	111 1	1, 5	5			-	FINSE NUMB		29d. DAT	SIGNED (M	forth, Day, Year)
253	F	30. NAME AND ADDRESS OF PER	ISON WHO C	OMPLETED CAU	SE OF DE	EATN (ITEM 27) (Tyr	e, Print)						Mars	a cb,1916
	7	PATRICIA "	Dozen	NEY	711	MAIDE	NO	2 1101	CE	CA	UK B	ALTIM	mlf.	MD ZIZZE
		31. DATE FILED (Month, Day, Year)	1006	32. REGISTRA	AR'S SIGN	IATURE	~							



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

			State of	Marylanu / L	Certificate of			Reg. No.	09263
	Physic	ian	1. Decedent's Nama (First, Middla, Last)	7	Avis	2	Data of Dea Month	Day \	3. Tima of Death
Я	/Medi Examir		4a. Facility Name (If not institution, give street and numb	per)		4b. City, Town, or Loca	3 ition of Death	4c. County of	76 4 5pm
11	Exami	ICI	Seton Hill K	1 Anso	R		more		NA
	Funeral Director		5. Social Security Number  5. Social Security Number  6. Sex  1 M 2 X F  Usual Rasidance of Decedant	Aga (In yrs. last bir	rthday) If Undar 1 Yaar Yrs. Months Days	if Undar 24 Hrs. 8 Hours Min.	Data of Birt (Month, Day	h v. Year)	D. Birthplace (Stata or Foreign Country) UNRNOWN
	land		10a. Stata 10b. County	10c. City, Tow	m or Location				10d. inaide City Limits
	Man	tor	MD NA	B	ALTimor	e			NE Yas 2 No
	or 284	Director	10e. Street and Number		10f. Zlp Coda			10g. Citizen of Wh	at Country?
	23a	ral	3226 GARRISON		81	215		4	5H
020	within 72 hours after death with the Maryland ene. than "naturel", or items 23s or 28s-f show he Madical Exercise must be inclined at	by Funeral	11. Marital Status  1 ☑ Nevar Married 2 ☐ Married 1 ☐ Yas 2  1 ☑ Widowed 4 ☐ Divorced Yaar or Date	as? [X] No	13. Was Decedant of H if Yas, specify Cuba 1 ☐ Yas 2 ☒ No	tispanic Origin? (Specit an, Maxican, Puarto Ric Specify:	fy Yas or No- can, atc.)	14. Race Biack, Specify:	Amarican Indian, Whita, atc.  Black
21215-0020	n 72 hours "naturel",		15. Decedant's Education	16a	. Dacedent's Usuai Occup	ation		18b. Kind of Busi	nass/Industry
121	ithln 7	Completed	(Specify only highest grade completed)  Elementery/Secondary (0-12) College (1-4)	or 5+)	(Giva kind of work dona lifa. DO NOT use ratired	during most of working 1)	' I		
	be filed w tal Hygier d other the		unknown unknown  17. Fathar's Nama (First, Middla, Last)	L	ınknown	18. Mothar's Nama (i	Einet Adiatatio	unkno	
and	should be filed withle nd Mental Hygiene. marked other than matic event, tra M	To Be	unknown			Barbara J			
Maryland	0 4 9	Ė	19e. Informent's Neme/Relationship (Type, Print) Barbara Johnson		o. Mailing Address (Street	en <i>d Number or Rural I</i>	Routa Numbe	er, City or Town, S	rata, Zip Code)
Baltimore,	00		20a. Mathod of Disposition 1 □ Burlai 2 □ Cramation 3 □ Ramoval from State 4 □ Donation 5 X□ Other (Spacify) 1 State	a a com a da	of Disposition (Nama of ry, crematory or other place	ce)	Data	20c. Location - C	ity or Town, Stata
Balti	permit. Pag Depertment Important: I any Injury o		21. Signature of Funarai Sarvice Licenses Joseph B. Van Sa		32 Nama and Addres State Anat Baltimore,	ss of Facility Comy Board-		Baltimo	re Street
	- 1		23a. Pan1. Entar tha disaasa, or complications that cau shock, or haart failura. List only ona causa on aac	sad tha daath. Do					Approximata intarval Between
	Physician /Medical Examiner		Immediata Causa (Final disaesa or condition 7)	netaste	1	uer of (		4	Onset and Death
	Examine	70	rasulting in deeth) a	Due to (or es e	consequence of):	1			
-	d d ansit	Examiner	b	Due to /or on o	***************************************				i
o î	an en		Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events	Dua to (or as a	consequance of):				
68760,	ficate be executed g physician end as the buriaktransit	edicai	Cause (Diseasa or injury that initiated evants rasulting in death) Last	Dua to (or as a	consequance of):				
_	S S		d.						t 1
Box	attending for use a	ian	d						
o.	the d	Physician/M	Part II. Other algnificant conditions contributing to deat		, ,	an in Part i.		. /	ibute to the cause of death?
S, P	es that the	by Ph	Acquired Fran	Juveles	revery &	xu drong	10'	Yes 2010 3	B □ Probably 4 □ Unknown
of Vital Records	been should	Completed b	Acquired France Liver gailon	e /	, ,		24a. Was perfo	an autopsy rmad?	24b. Ware autopsy findings available prior to completion of causa of death?
R	0 - 6	mo					101	aa 2UNS	1□Yas 2□No
ita	s certificate director, par	Bec	25. Was casa rafarred to madical axaminar?			26. Placa of Death	Oheck only o	na)	
2	0 0 2	2	1 ☐ Yes 2 ☐ Hospital: 1 ☐ Inp		utpatient 3 DOA Oth	4 Warsing Homa			1-1
	5 to 6	lon:	TENTALUIAN OLITORIGING		Tima of 28c. Injury Wor		d. Dascribe h	now injury occurred	3
Division	ent or:	licat	2 Accidant invastigation 3 Suicida 6 Could not be 28a Piace of	injury - At home fa	arm, straat, factory, office	Y <del>ee 2□No</del>	f. Location /5	Street and Number	or Rural Routa Number,
Ö		Certification:	4 ☐ Homicida datarmined 264. Place of building.	, atc. (Specify)			City or Tox	vn, Stata)	
	To the Hospital o within 24 hours at To the Funeral Di completely filled is	edicai C	29a. Cartifiar (Check only one)  1 Certifying Physician: To the best only and mannar	s of axamination an					
	within To the	Me	29b. Signatura and titla of certifiar	1	29c. Licens	a number	T	29d. Data signad	(Month, Day, Year)
			Bulet B. Kent	WD	DO6	966		3/261	96
			30. Neme and addrass of person who completed cause		(Type, Print)			1	
			1001 N. Catheleval	9/1		e UPZI	1051		
	Sta Registr		31. Data filad (Month, Day, Year) APR 01 1996	Istrarie Signatura	Andree				



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO THE FUNERAL OHECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burlal, cremation, or removal.

BATTINORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	-	STATE REGISTR	Αi
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If yes, specify Cheen, Marken, Purtor Ricein, vis.)   Widowed 4   Director   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow   Widow												U.S	S.A.
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Semestary/Secondary (0-12)   College (1-4 or 5+)   ROMAN Catholic Priest Religious	15. DECEDENT'S	EDUCATION	18a. DE	CEDENT'S	USUAL O	CCUPATIO	N of wastel		16b	. KIND OF BU	SINESS/IN	DUSTRY	
Sequentially list conditions resulting in death)   Sequentially list conditions and sequentially list conditions resulting in death)   Sequentially list conditions resulting in death)   Sequentially list conditions resulting in death)   Sequentially list conditions contributing to death but not resulting in the underlying ceuse given in Part I.   24a, NUSC AN AUTOPSY PERFORMED   Sequentially list conditions contributing to death but not resulting in the underlying ceuse given in Part I.   24a, NUSC AN AUTOPSY PERFORMED   25, WAS CASE REFERRED TO MEDICAL EXAMPLE TO CAUSE (Disease or injury that initiated events resulting in death)   Sequentially list conditions contributing to death but not resulting in the underlying ceuse given in Part I.   24a, NUSC AN AUTOPSY PERFORMED   1   Yes 2   NO   25, WAS CASE REFERRED TO MEDICAL EXAMPLE TO CAUSE (Disease or injury that initiated events resulting in death)   26b, PLACE AND DEATH OF DEATH (Check cond) conditions   1   Yes 2   NO   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   2   No   No		College (1-4 or 5	i +) IIIo.	. Do NOT u	se retired.)					Rel	igio	us	
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Mrs Madeleine D. Slear  6006 Roland Ave., Baltimore, Maryland 21210  20, BETMOD OF DISPOSITION 15 Burlet 2 Gremation 3   Ramovet from State 4   Donation 8   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE LICENSEE  WAS ALLEY FUNERAL SERVICE OF SERVICE FUNERAL SERVICE SERVICE FUNERAL SERVICE SERVICE FUNERAL SERVICE SERVICE FUNERAL SERVICE SERVICE FUNERAL SERVICE SERVICE FUNERAL SERVICE FUNERAL SERVICE FUNERAL SERVICE FUNERAL SERV	John Dugg	an						M	ary I	Duggan			
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21. SIGNATURE OF FUNERAL SERVICE LICENSEE    Work Son Funeral Home, Inc.   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete Solution   Incomplete So		Ramovat from State						ery					
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert felture. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  STATUS POST MYOCARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  STATUS POST MYOCARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  STATUS POST MYOCARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  STATUS POST MYOCARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Tresulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CO		E LICENSEE											
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PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other eignificent conditions  24b. WERE AUTOPSY FRAMILLE II.  PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  25c. WAS CASE REFERRED TO MEDICAL  25c. WAS CASE REFERRED TO MEDICAL  25c. WAS CASE REFERRED TO MEDICAL  25c. WAS CASE REFERRED TO MEDICAL  26c. PLACE OF DEATH (Check only one)  OTHER:  1	CAUSE (Disesse or injury	c	0.400.40.4.0004054										
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Metural 5 Pending Investigation  28. DATE OF INJURY AT WORK?  1 YES 2 NO  280. DATE OF INJURY AT WORK?  1 YES 2 NO  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. PLACE OF INJURY AT WORK?  280. PLACE OF INJURY AT WORK?  280. PLACE OF INJURY AT WORK?  280. PLACE OF INJURY AT WORK?  280. PLACE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE OF INJURY AT WORK?  280. DATE SIGNED (Month, Day, Year)  280. DATE SIGNED (Month, Day, Year)		000 1	O (OR AS A CONSE	DUENCE C	r- j.								
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EXAMINER?  1 YES 2 DQ  1 Impellant 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify)  27. MANNER OF DEATH  1 Impellant 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify)  28. DATE OF INJURY M 28. INJURY AT WORK?  1 YES 2 NO  28. PLACE OF INJURY — At home, ferm, street, factory, office  29. CERTIFIER (Check only one)  29. CERTIFIER (Check only one)  29. MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29. SIGNATURE AND TITLE OF CERTIFIER  29. LICENSE NUMBER  29. DATE SIGNED (Month, Day, Year)							UNC	ERTAI	N A				
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	Alila	1-15.	46		50						<b>b</b> /	anch	28.8
30. NAME AND ANDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  ALICE HSIEH, D.O. 7620 YORK ROAD TOWSON, MARYLAND 21204						N, M	ARYL	AND	2120	4			

32. REGISTRAR'S SIGNATURE

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 0926

					Certific	ate of	Death		F	Reg. No.			
Discon		1. Decedent's Nama (First, Middla, L	ast)						2. Data of Dea	ith	3. Tima of Death		
Physi /Med		JAMES E.	DOBBS						March 2	29, 1996	1;20 P.M.		
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pud *		Usual Rasidance of Decedant  10a. Stata  10b. County		10c City Toy	vn or Location						10d Inside City Limits		
Sa-f sho	Director	Md. Balt	imore		wings						10d. Insida City Limits 1 ☐ Yas ŽŽNo		
23a or 2 ust be n		8 St. Thomas I	ane		10f.	Zip Coda	211	117		10g. Cltizan of W	hat Country? USA		
natural, or items 23a or 28a-f ahow dical Examiner must be notified at	by Funeral	11. Marital Status  1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar in U, Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas:				Hispanic Original, Maxicen  Specify:	gin? (Spe i, Puarto I	cify Yas or No- Rican, atc.)	14. Race Black Specify:	- Amaricen indian, k, Whita, atc. White		
natural',	eted	15. Decedant's E (Specify only highast g	Education rada complated)	168	. Decedent's l	Jsuai Occup	pation during most	t of workir	20	16b. Kind of Bus	siness/Industry		
nd z should be lited within 72 for the and Mental Hyglena. 27 is marked other than "natur traumatic event, tra Medical	Completed	Elamantary/Secondary (0-12)	Collega (1-4or 5- 1 Yr. Col.	lege N	(Giva kind ol lifa. DO NO lanager		ack St			SNACK S	STORE		
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		19a. informant's Name/Raiationship Mrs. Virginia H.		19	b. Mailing Add 8 St T					Mills,	Stata, Zip Code) Md. 21117		
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departr Importa any inja	N N	21. Signature of Funaral Sarvice Lice	ensee line				ess of Facilit ERAL I	•			stown Road Md. 21136		
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State of Maryland / Department of Health and Mental Hygiene Q

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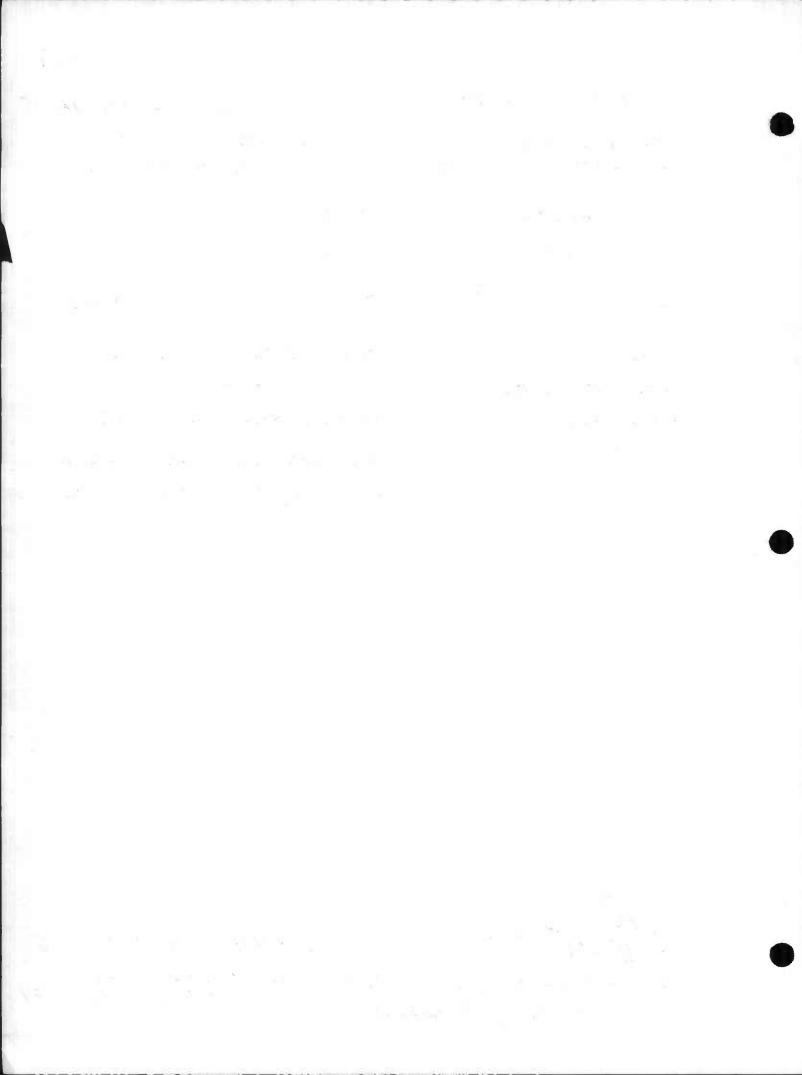
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			ST. AGNUS H						IMORE		LTIMORE	
ı	Funeral Director		5. Sociel Security Number 218-14-3895	6. Sex 7. A	Age (In yrs. M	est birthdey) Yrs.	Months De	eer If Under 24	Min. J UNE	Bay, 1913	Birthplece (State or Foreign Country)     MD •	
	pur .		Usual Residence of Decedent  10a. Stete 10b, County		10c. City				404 1-14-00-11-1-			
	aho a a	5	,	IMORE	100. Ony		NSVI LI	E			10d. Inside City Limits 1 ☐ Yas 2 ☐ No	
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	72 hours effer death with the Maryland natural", or flems 23a or 28a-f show areal Examiner must be notified at	Funeral Director	344 SUTER F	ROAD			10f. Zlp Cod 212				U.S.A.	
	ep	Inel	11, Meritel Stetus	12. Wes Deceder Armed Forces	nt Ever In U,S	3. 13.	Wes Decedent	of Hispenic Origin	n? (Specify Yes or I Puerto Rican, etc.)	No- 14. Ra	ce - American Indien,	
21215-0020	M', or th	by Fu	1 □ Never Merried 2 □ Merri 3 N Widowed 4 □ Divorced	ied 1 ☐ Yes 2 🕅	1 ☐ Yes 2 📉 No If Yes, Give		1□ Yes 2		delto ( libari, etc.)		Bleck, White, etc.  peclfy: BLACK	
0	natural',		15. Deceden	t's Education		16e. Dece	dent's Usual Oc	cupation		16b. Kind of E	Business/Induatry	
215	-	Completed	(Specify only highe: Elementery/Secondery (0-12)	st grade completed)  College (1-4o	r 5.1\	(Give	kind of work do DO NOT use re	one during most o tired)	f working			
21	s 1 and 2 should be filed within f Health and Mental Hygiene. Item 27 is marked other than other traumetic event, the M	EO	12 TH.	College (1-40)	34)	TELE	PHONE	OPERAT	OR	U.S	G. GOV.	
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an	2 should and Mer is marks aumetic		19e. Informent's Neme/Reletions	hlp (Type, Print)		19b. Meilir	ng Address (Str	reet end Number	or Rural Route Num	nber, City or Town	own, State, Zip Code)	
	1 and 2 Health and 27 le		DOROTHY PAGE	DROTHY PAGE				RD. CA	TONSVIL	LE, MD.	21228	
re	es 1 and of Health I item 27 r other to		20e. Method of Disposition		20b. Pl	ece of Dispo	sition (Neme o	f place)	Dete	20c. Location	- City or Town, State	
E	Page ent of nt: If i		1 ☐ Burial 2 🛣 Cremelion 4 ☐ Donetion 5 ☐ Other (S	3 □Removel trom Stet pecify)	6	rro c			26,96	CATONS	SVILLE, MD.	
Baltimore,	permit. Page Department of Important: If i any injury or once.		21. Signeture of Funerel Service					dresa of Fecliity				
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	Physician /Medical Examiner	er	23a. Part1. Enter the disease, or shock, or heart feilure. Liet Immediate Cause (Final disease or condition resulting in deeth)	o	EPSI Due to (or	ss e consec	juence ot):				EDERICK MD Approximate Interval Between Onset and Death  2 WCells	
Box 68760,	death certificate be executed e attending physician and of for use as the burial-transit	Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last		Due to (or EVMC	es e consec	uence of):		ACCID.		FFUSION.	
	the atte	sici	Pert It, Other significant condition	ns contributing to death	but not resul	ting In the u	nderlying cause	given in Pert t.	23b. Di	d tobacco use co	ontribute to the cause of death?	
P.0	es that the de igned by the be detached				ing to could be the tosuling in the underlying cause given are eit.					□ Yss 2□ No	3 Probably 4 Unknow	
Records,	aw requir 1s been s 2 should	Completed by								es an autopay rformed?	24b. Were eutopsy findings avelleble prior to completion of cause of death?	
H	The ate page	Son							10	Yes 2 No	1 ☐ Yes 2 No	
Vital	defan: The la certificate ha rector, page	Be	25. Wes cese reterred to medical exeminer?					28. Piece o	f Deeth (Check onl)	y one)		
of	0 0	2	1 ☐ Yes 22 No	Hospitel: 1 Inpat	tient 2 E	R/Outpatier	t 3 DOA	Other: 4 Nurs	ing Home 5 ☐ Re	sidence 6 DOt	her (Specify)	
ion	P 2 2	ation:	27. Manner of Death  1 CNetural 5 ☐ Pendin 2 ☐ Accident investig		jury Year)	28b. Time of Injury		njury at Work? 1 □ Yes 2 □ No		e how injury occu	rred	
Division	or Atte	Certification:	3 Sulcide 6 Could in determined	Ined   200. Piece of II	njury - At hor etc. (Specify)	ne, term, str	eet, fectory, offi	ice		(Street end Num own, State)	ber or Rural Route Number,	
	To the Hospital or Attandit within 24 hours after death.  To the Funeral Director: All completely filled in by the fu	edical	29e. Certifier (Check only one) Certifyin Medical	g Physician: To the besi Examiner: On the besis end menner a	of exeminetic	fedge, deeth on end/or inv	occurred at the restigation, in m	e time, dete end p ny opinion, deeth	plece, end due to the occurred et the time	e cause(s) and m e, dete end piece,	snner as stated. , and due to the ceuse(s)	
	Vithi To th	M	29b. Signature and this of certified	MD			29c. Lic	ense number	144	29d. Dete signed Morres	ed (Month, Day, Year) 4 24, 1996	

State Registrar

eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

APA B, NIKLINSPA ND, ST, AGMES HOSPITAL, 900 CATON AVE,

BALTIMORE, MD 21229



#### Item #9, g-733, 3/29/96eh per fh

### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 0926

					Cer	tificate of	Death	B	eg. No.		
			1. Decedent's Name (First, Middle, Las	t)				2. Data of Dea			3. Time of Death
	Physic		RONALD	AARON	EVANS			MADCH	27. 19	Year	221EDM
1	/Medi Examiı		4a. Facility Name (If not Institution, give		EVANO		4b. City, Town, or L	MARCH position of Death	4c. County of		2315PM
8	Funeral Director	ner	KIGHTSWAY  5. Social Security Number 6. Se	AND QUE	ENS LACE (In yrs. last birthday) 29 Yrs.	ST . If Under 1 Year Months Days	RANDALL If Under 24 Hrs. Hours Min.	STOWN 8. Date of Birth (Month, Day	BALTI	MORE 9 Birthole	COUNTY  ce (Stata or Foreign  You, MD.
	Maryland H show	tor	10a. Stata 10b. County		10c. City, Town or Local Rolling	ation 10re				100	d. Inside City Limits 1 ☐ Yas 2 No
	after death with the Marylar or items 23s or 28s-f show	al Director	10e. Spreet and Number	at	<u> </u>	10f. Zip Code 2/2/	7	1	Og. Citizen of Wh	nat Counfr	y?
020	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hygiene. Item 27 is marked other than "natural", or itema 23s or 28=1 show other traumatic event, the Medical Examiner must be notified at	by Funeral I	11. Marital Status  1 Never Married 2 Married 3 Widowad 4 Divorced	12. Was Decedent Ex Armed Forces? 1  Yes 2 No if Yes, Give Year or Dates:	0	/as Decedent of Pyes, specify Cub	Hispanic Origin? (S) an, Mexican, Puerto Specify:	pecify Yas or No- p Rican, etc.)	14. Raca Black, Specify:	American White, et	n Indian, c.
21215-0020	d within 72 h giene. er then "netu , the Medical	Completed	15. Decedent's Edu (Specify only highest grad Elementery/Secondary (0-12)	cation de com <i>pleted)</i> College (1-4or 5+	(Give I		pation during most of world)	king	16b. Kind of Busi	1	stry
Maryland	S should be filed with and Mental Hygiene. Is marked other than aumatic event, the M	To Be	17. Fathar's Nama (First, Middle, Last) Ronald A, Ev	ans Sr	7		18. Mother's Nam	dra C	Maidan Sumama,	)	
	Health and I sho		Quandra Eva	ype, Print) ns (mo:	ther 101	466	and Number or Ru	+ Stree	1, Balton	md.	21217
Baltimore,	parmit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", any injury or other traumatic event, the Medical Exa once.		20a. Method of Disposition  1 ⊠Buriai 2 □ Cramation 3 □ F  4 □ Donation 5 □ Other (Specify)  21. Signature of Funeral Service License		King Me	ition (Nama of atory or other pla	Park 7	2 2	Balton,	ma.	n, Stata ryland
	205 8 9		23a. Part1. Enter the disease, or composhock, or heart failure. List only o	lications that caused t	10	DI Me	Cullah St	-	est,		Approximete Interval Between
	Physician /Medicai Examiner	er er	Immediate Cause (Final disease or condition resulting in death)	. Gunzl	net We	unds			l	Č	Onset and Death
68760,	erificate be executed fing physician and se as the burlat-transit	edical Examine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last	b							
Box	eath o	ician/M	Part II Other claudiness conditions	d.		4-1-1	to Double	con Dida			
P.0	that the ed by th detache	by Physician	Part II. Other significant conditions con	tinouting to death out	not resulting in the un	genying cause gr	van in Part I.			3 Proba	the cause of death?
Records,	aw requin as been s 2 should	Completed b		-				24a. Wes a perform		com	e autopsy findings lable prior to pletion of cause eath?
3	The H	Con						PEX	es 2 No	100	Yes 2□ No
/ita	ciano sertific sertor,	Be	25. Was case referred to medical examiner?				26. Place of Dea	th (Check only or	10)		
n of Vital	Physic r this o	on: To	1 XYas 2 No  27. Manner of Death 1 Natural 5 Pending	Hospital:  1   Inpatient  28e. Date of Injury (Month, Day)	Yaar) 28b. Time of	) 28c. Inju	ry at rk?	ome 5 Reside	enca 6 MOther ow injury occurred		AT SCENE
Division	al or Attending after death. Director: Afte d in by the fund	Certification:	2 Accident invastigation 3 Suicide 6 Could not be 4 Homicide determined	3127196	y - At home, farm, site	et, factory, offica	ves 2000	28f. Location (S City or Town	treet and Number		Route Number, by + Queen lass
	forthe Hospital within 24 hours a formplacely tilled	ed cal c			my knowledge, deeth	occurred at the ti	me, date and placa				
	To It	ž	29b. Signature and fitle of cartifiar	01		29c. Licans	sa number	2	9d. Data signed	(Month, Di	ay, Year)
)		-	30. Neme and address of person who co	Chute M ompleted cause of der	ath (Item 23e) (Type, F		C.M.E.		MARCH 2	28,	1996
	<u> </u>		Dennis J. C	hute mo			treet F	Baltimo	re. Mar	rvla	nd_21201
٢	Sta Registr	_	31. Date filed (Month, Day, Year)  MAD 2. 9 10	32. Regisfrar		della				7	

11,500, 10,000

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-734 4/12/96 t.t Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

		Ιt	eml,Film734,4/1/9	6.1t	Certi	ficate of	Death		Reg. No.		2602	
	Physic	ian	1. Decedent's Name (First, Middle, L JOSEPHS JOSEP	ast)	FR	EDERIC	CK	2. Date of De Month	Day	Year	3. Time of Death	
	/Medi Exami		4a. Facility Nama (If not Institution, g	ive street and number) HOSPITAL			4b. City, Town, or BALT				6:29 PM	
	Funeral Director			Sex 120 F 7. Aga (In yrs 36		If Under 1 Year Months Days	r If Undar 24 Hrs	8. Date of Bir	th y, Year) 3, 1959	9. Birthp Court Gree	olaca (State or Foreign http:) BCE	
	death with the Maryland ms 23a or 28a-f show c.mast.be.notified.at	tor	Pa 10b. County Pa York		ity, Town or Local tewartst					1	0d. insida City Limits ¥□ Yas 2□ No	
	h with the 3a or 28 at be not	al Director	10e. Street and Number 354 Mill Street			10f. Zip Code	7363		10g. Citizen of USA	What Cour	itry?	
020	or its	by Funeral	11. Marital Status  1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Ever in the Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Give Yaar or Datas:		s Decedant of as, specify Cul	Hispanic Origin? (: ban, Maxican, Pua o Specify:	Specify Yas or No to Rican, etc.)	Bla	. Race - Amarican Indian, Black, Whita, atc. pecify: White		
215-0	n 72 h natur	Completed	15. Decedent's E (Specify only highest g	rade completed)	(Give kin	nt's Usual Occu nd of work done NOT use retin	e during most of wo	orking	16b. Kind of B	usiness/Ind	dustry	
Maryland 21215-0020	be filed within tal Hygiens. d other than " event, the Me	Com	Elamantary/Secondary (0-12)  12  17. Father's Name (First, Middla, Las	Collaga (1-4or 5+)	Sales	Sales 18. Mothar's Nam				tail		
ylan		To Be	Joseph W. Frede				Hele	en Poulo	os			
timore, Mar	1 and 2 should Health and Mer em 27 is marks ther traumatic		John A. Frederic		19b. Malling	Address (Stree	et and Number or Fi treet, St	lural Route Numb cewartsto	own, City or Town, Own, Per	, State, Zip Insylv	vania 7363	
	0 H 10		20e. Method of Disposition  12 Burial 2 Cremation 3 4 Donation 6 Dother (Special Special Removal from State	Place of Dispositi cemetery, crematerek Ort	tory or other pl	Cemetery	3/28 Y	20c. Location	0.00			
Ba	permit. Pa Departmen Important: any injury once.		21. Signature of Americal Service Lice	B Hens	22. N Bu 36	lama and Addr 179ee—He 31 Fal	rass of Facility enss Fune ls Road,	eral Home Baltimon	e 21211 re, Mary	land		
	Physician /Medical Examiner		23a. Part1. Enter the shase, or conshock, or hear ballure. List only immediate Cause (Final disassa or condition rasulting in death)	nplications that causad the dealy one cause on each line.  NARCOTIC INTO		the mode of dy	ring, such as cardia	ic or respiratory a	irrast,	I.	Approximate interval Between Onsat and Death	
	2 =	liner		Due to (	or as a consequa	nce of):				1		
ox 68760,	eeth certificate be executed ettending physician and I for use es the buriel-transit	VMedical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Entar Underlying Cause (Disease or Injury that initiated events rasulting in death) Last	C	or as a conseque							
0	etter for u	Physician/	Part II. Other significant conditions	contributing to death but not re-	sulting in the unde	erlying causa g	iven in Part I.	23b. Did tobacco use contribute to the cause of de				
s, P.O	thet the ed by detac	by Phy	-					10	Yes 2□ No	3 Proi	bably 4 Unknow	
Vital Records	aw requir	Completed b						24a. Was	an autopsy ormed?	av	ere autopsy findings allable prior to mplation of cause daath?	
al B	The ate h	e Con							Yes 2□No	1[	☐Yes 2☐ No	
5	Physician: this certific	To Be	25. Was case raferred to medical axaminer?  XX es 2 □ No	Hospital: 1 ☐ Inpatient 2X	ER/Outpatient	3 DOA 0	ther	eath (Check only Home 5 Resi		er /Snecif	v)	
on of	te fe		27. Manner of Death 1 Natural 5 Pending	28a. Data of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju		28d. Dascribe	how injury occur	red	0	
Division	or Attantite deat irector: in by the	Certification:	2 Accident 3 SuicIda 4 Homicida	be One Disease Internal At h	UNKNOWN nome, farm, street fy) UNKNO	, factory, office			Street and Numi wn, State)		ti Route Number,	
	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by	edicai (	29a. Cartifier (Check only one) 1 ☐ Certifying P	hyelcian: To the best of my knowning: On the basis of examination	owledga, death or ation and/or inves	ccurred at the t	time, date and plac opinion, daath occ	e, and due to the	causa(s) and m	annar as si and due to	ated. the cause(s)	
	To the vithin 2 To the comple	Me	29b. Signature and title of certifier	Self			O.C.M.E	•	29d. Date signe MARCH			
	_		30. Name and addrass of person who	complated cause of death (Ite.	111 Per		eet, Ba	ltimor	e, Mary	ylan	d 212 <b>0</b> 1	
	Sta Registi		31. Date filed (Month, Day, Year)	936 32. Flogietrar's Sign	sture Ronde	M.						

Registrar

and the second

### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 09270

						Cer	tificat	e of	Death		Re	ig. No.		2210
	Division		1. Decedent's Neme (First, Middle, La	st)							2. Date of Deat Month	h Day	Year	3. Tima of Death
	Physic /Medi		Anibal F	igueroa, J	r.						March	30, 1		2:00 P.M
	Exami		4e. Facility Neme (If not institution, give	re street and number)					4b. City, To	wn, or Lo	cation of Death	4c. County	of Death	
			3706 Chestnut Av	e.					Balt	imor	e		n/	'a
	Funeral Director		5. Social Security Number 6. S 122 44 0864 Usual Residence of Decedent	M 2 F	e (In yrs. last bir 41	rthday) Yrs.	If Under Montha		If Under Hours	24 Hrs. Min.	8. Date of Birth (Month, Day, Aug. 8	Year)		iace (State or Foreign itry) Y York
	Par Bu		10a. State 10b. County		10c. City, Tow	n or Lo	cation						1	0d. Inside City Limits
	the Mary 28a-f sh notified.	Director	Maryland n/	a			10f. Zlp		Balti	more		0		1 X Yes 2 No
	atter death with the Maryland or Nerns 23e or 28e-f show miner must be notified at	ral Dir	3706 Chestnut Av	e.					2121		10g. Chizen of What C United S			ites
0000	urs after af, or its Examine	by Funeral	11. Maritel Status  Never Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 Yes 27 N If Yes, Giva Y Yeer or Dates:							ecify Yes or No- Rican, etc.)  14.  SE		k, White,	an Indian, etc. Vhite
21215-0020	hin 72 hours an "natural", Medical Exa	Completed	15. Decedent's E (Specify only highest gra Elementary/Secondary (0-12)	ducation ade completed) College (1-4or 5		. Deced (Give I life. L	ent's Uaus kind of wo OO NOT us	al Occup rk done se retire	oation during mos d)	t of work	ing	18b. Kind of Bu	usiness/Inc	dustry
	the the	Š	12	4	"	Flight Attendar			endan	ndant			sport	cation
Maryland	uld be file Asertal Hy rhed other file event	To Be	17. Fether's Neme (First, Middle, Last, Anibal						18. Moth		e (First, Middle, N	faiden Suman		lera
	and 2 sho saith and 3 s 27 is ma er trauma		19a. Informant's Name/Relationship ( Hector L. Riviera				_				1 Route Number, 1timore,	-	State, Zip 21211	
mbre,	1 2 2 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3		20e. Method of Disposition  1 □ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Othar (Specif	Removal from State	20b. Place of cemeter Green	ry, crem	natory or o	ther pia		4/1		20c. Location - Balt		wn, State
and min	Department important: 1 any injury o		21. Signature of Funeral Service Lices	*		CA	Name en FA St	d Addre	en D.	Loh	rmann P.	Α.		
	-		23a. Part1. Enter the disease, or com ahock, or heart tellure. List only	plications that caused	the death. Do	not ente	717 Cor the mod	Gree le of dyli	n Pas ng, such as	cardiac o	S Dr., E	Baltimo est,	re, N	D 21286 Approximete
	Physician /Medical Examiner		tmmediata Causa (Final disease or condition	a. Back		,								Interval Between Onset and Deeth
		lner	resulting in death)	Kapo	Due to (or as a S	conseq	uance ot):	a						3 years
68760,	law requires that the death certificate be executed as been signed by the attending physician and a should be deteched for use as the buriel-transit	cal Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying											7 years
Вох 68	death certifica attending ph d for use es ti	an/Medical											i	
	deal he att	slcl	Part II. Other eignificant conditions o	ontributing to death bu	t not resulting in	n tha un	darlylng c	ause giv	en in Part	l.	23b. Did to	bacco use co	ntribute to	the cause of death?
s, P.O.	es that the de igned by the a be deteched i	by Physician/	CMV retinit	15.		_					1 □ Yes 2 ☑ No 3 □ Probably			bably 4 Unknown
Vital Records,	law require	Completed	Disseminated	d MAC							24a. Was ai perform	n autopsy ned?	av.	are autopsy tindinga ailable prior to mpletion ot cause deeth?
H	Pe se	Co									1 □ Ye	s 2 10	10	Yes 2□ No
/its	Physician: The this certificate ral director, peg	Be	25. Was case reterred to medical axaminer?	AND THE SECOND						of Death	(Check only on	9)		
of	Physic this c	2	1 ☐ Yes 2 ☑ No	Hospital: 1 Inpatier					4 LJ NI		me 5 Reside			y)
<b>Division</b>	ath. r: After le fune	atlon:	27. Manner of Death  1 Autural 5 Pending  2 Accident Investigation		Year) 28b. 1	Time of Injury	м 2	8c. Injur Wor 1 □	yat rk? Yes 2□		28d. Describe ho	w injury occur	red	
Divis	ai or Attendir s efter death. Il Director: Af ed in by the fu	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injubuilding, etc.	ry - At home, fa . (Specify)	ırm, stre	et, factory	, offica			28f. Location (St. City or Town	reet and Numb , State)	er or Rura	l Route Number,
	To the Hospital or Atte within 24 hours effer de To the Funeral Directo completely filled in by th	edical	29a. Certifiar (Check only one)	ysician: To the best of niner: On the basis of end manner stat	axamination and	, daath d/or inv	occurred estigation,	at the tir	ne, date an plnion, dea	d place, th occurr	and due to tha ca ed at the time, da	usa(s) and ma ite and place,	nner as a and dua to	ated. o the cause(s)
	To t To t	Σ	29b. Signature and title of certitier	1,/					e number	98	29	9d. Date signed	19L	Day, Year)
	V		Joel E.	completed cause of da	int, 1	(Type, F	Print)	PH.	<u> </u>		Wolfes	t, Balt	Mol	MD 21207
	Sta Registr	-	31. Date filed (Month, Day, Year) APR 01 1996	Julia Salidon	r's Signature	2	1							

and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th 45 13

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPIDIL, OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within an internal death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

3 🔲 Suicide

4 Homleide

							96	00271
	1 - FOR STATE REGISTRAR Item: 19b	STATE OF MARYL	AND / DEPA	RTMENT OF	HEALTH AND ME	ENTAL HYGIEN REG. NO.	IE	09271
1	1. DECEDENT'S NAME (First, Middle, Las	GR	REEN	VE	2. M	DATE OF DEATH DO NORTH DO NORTH 2		3. TIME OF DEATH 6 9:25 p. M
	4. SOCIAL SECURITY NUMBER  215-44-7952  Ba. FACILITY NAME (If not institution, give	110 M 2 🗆 F 88	(in yrs. leat birthday)  YRS.	MONTHS DAYS	HOURS MIN.		907 Ne	BIRTHPLACE (State or Foreign Country) W YORK
TOR	Shady Grove Adver	ntist		Rockul	OR LOCATION OF DEATH	1	Montgo	
DIRECTOR	Maryland Moni			TY, TOWN OR LOCALOCKULLE				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER  9901 Medical Cent	ter Drive		1	20850		10g. CITIZEN	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, BLUE WAR, OR DI	2NO	13. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. RACE — American Intelligent, White, etc.				
COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12th arade  5 years  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  ECONOMIST						SINESS/INDUST	FRY
	17. FATHER'S NAME (First, Middle, Leat)		2007.00	5.0	18. MOTHER'S NAME (	(First, Middle, Malden		
BE	Walter Scott Gree 100. INFORMANT'S NAME (Type/Print)	ene. Jr.			Bessie M.			
٤	Thomas H. Parke/Son 1-14008				and Number or Aural Route Mill Road-R			
	20e. METHOD OF DISPOSITION t							or Town, Stata
	Googh 13.	ph B Van Sant	1	State	imore, Mary	Board-655 Land 21:	201-15	ltimore Street 59
	23. PART I. Enter the disessee, o shock, pr heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Py	d the death, Do each line.	ete		a cerdiac or reapi	ratory arrest,	Approximate Interval Between Onset and Death
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	- while	CONSEQUENCE O	tra	ctun	Jech	on	>1mo.
CERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST							1
CIAN: MEDICAL	PART II, Other eignificant condition	one contributing to death be	ut not resulting	In the underlying	ng cause given in Per	t I. 24e. WAS AN. PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: M	DID TOBACCO USE CON					<b>2</b>		1 TYES 2 KNO
5	EXAMINER?	HOSBITAL	26. PLACE OF DEA	ATH (Check only one	)			

1 TES 2 50 NO Home 5 ☐ Realdence 8 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28b. TIME OF INJURY 1 Natural 2 Accident

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA

OTHER:

28c. INJURY AT WORK?
1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED

28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER dge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER:

	-7	<u> </u>	1 au	VVVV
NAME AND	ADDRESS OF PERSO	WHD COMPLE	TEO CAUSE OF DEATH	(ITEM 27) (Type, Print

28d. DATE SIGNED (Month, Day, Year)

Could not be determined

32/AEGISTRAP'S SIGNATURE
Gula Lavidson-Render

State of Maryland / Department of Health and Mental Hygiene 96 09272

	Decedent's Neme (First, Middle, La	st)		Certifica	110 01	Dodin	2. Date of Dec	Reg. No.		3. Time of Deeth
Physician	ALICE R.	GILL					Month MARCH	Dey ZP	Yeer 1996	01135 Aw
/Medical Examiner	4e. Fecility Neme (If not institution, giv					4b. City, Town, or	11			0 433 110
LAdiminei	Northwest H	lospital Cen	iter			Randalls	town		altim	ore
ineral	5. Social Security Number 6. S	Sex 7. Age (	In yrs. last birt		der 1 Yeer	If Under 24 Hrs.			9 Birthol	eca (Stete or Foreign
rector	214-14-6565 Usuel Residence of Decedent	□ M 212XF 73		rs. Month	S Deys	Hours Min.	8. Dete of Birt (Month, Da Aug. 2	4, 1922	West	Virginia
show id at	10e. Stete 10b. County		Oc. City, Town	or Location					10	d. Inside City Limits
notified notified rector	Md. Balt	imore	Pik	esvill	е					1 ☐ Yes 27 No
	10e. Street and Number 708 Greenwoo	d Road		10f.	Zip Code	21208		10g. Citizen of V	Vhet Count	ıA,
ar, or items 23s Examiner must by Funeral	11. Meritel Stetus  1 Never Merried  2 Merried  3 Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:	er in U,S.			Hispanic Origin? (S en, Mexican, Puert Specify:	pecify Yes or No- to Rican, etc.)	14. Rece Blec Specify	e - America k, White, e	
nt, the Medical of Completed	15. Decedent's E. (Specify only highest gre	ducation ode completed) College (1-4or 5+)	16a.		vork done use retire	pation during most of world)	rking	16b. Kind of Bu		
S	High School  17. Fether's Neme (First, Middle, Last,			Cash	nier	40 14-11-2-12-1		Groce		tore
Be off	Norman O. Ecka						ne <i>(First, Middl</i> e, a Selder:		Θ)	
To	19e. Informent's Neme/Reletionship (		19b.	Meiling Addre	ss (Stree	t end Number or Ru			Stete Zin	Code)
27 is	Mr. Charles S. Gi					d Road	Pikesvi			
othe	20e. Method of Disposition		20b. Pleca of cemeter	Disposition (*	leme of	2001	Dete	20c. Location -		
nt: II	12 Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif	Tremoval Hom State	Lake	View M	emori	al Pk. 4	/1/96	Sykesv:	ille,	Md.
y ink	21. Signature of Funerel Service Licer	isea /		22. Neme	end Addre	ess of Facility	11824	Reister	stown	Road
2 2 8	Tamb 6	Cini		Eline	Fune	ral Home				
0	23a. art1. Enter the disease, or com- nock, or heart feilure. List only	plications that caused the	e death. Do n							Approximate Interval Between
ician										Onset end Death
edical miner	Immediate Cause (Final disease or condition resulting in death)	VENT	TRICU	LAR	71	BRILLAT	70N		i	10 MINS.
	resorting in death)	Du	e to (or es e c	onsequenca d	f):					0
edical Examiner		b. SEVE	RE	CARC	lom	MOPAT	44			s mong
el-tra	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	Du	e to (or es e c	onsequence o	f):				i	
buri	Cause. Enter Underlying Ceuse (Disease or Injury that initiated events	c		125. 11.15					- 1	
as the bur	resulting in deeth) Last	Du	e to (or es e c	onsequence o	r):				1	
esn S		d								
d for	Pert II. Other significant conditions of	ontributing to death but n	ot resulting In	the underlying	cause ni	ven in Pert I	23b. Did 1	obacco usa cor	tribute to	the cause of death?
be deteched for use a by Physician/M					,		102			ably 4 ☐ Unknown
d be deteched for use	SEPSIS									
hou	CHR						24a. Was perfo	en eutopsy med?	con	re autopsy findings ilable prior to apletion of cause eath?
i certificate hes bilirector, page 2 s							101	es 20 No		Yes 2 No
Be C	25. Wes case referred to medical					28. Pleca of Dec	eth (Check only o	ne)		
al director,	examiner?	Hospitel:	2□ER/Out	patient 3	DOA OII	hor	fome 5 ☐ Resid		or (Specify	)
neral di	27. Menper of Death	28e. Dete of Injury (Month, Day Y	28b. T	me of	28c. Inju Wo	ry et	28d. Describe h	ow injury occurr	ed	
ne fur	1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation	1		M		Yes 2 □ No				
al Director: After tied in by the funers Certification:	3 Sulcide 6 Could not be determined	28e. Pleca of Injury building, etc. (5	- At home, far Specify)	m, street, fect	ory, office		28f. Location (S City or Tox	Street and Number, Stete)	er or Rural	Route Number,
To the Funeral Director: After the completely filled in by the funeral Medical Certification:	29e. Certifier (Check only one)	ysician: To the best of m niner: On the besis of ex end menner steted	aminetion end	deeth occurre /or investigati	ed et the ti on, In my	me, dete and plece opinion, deeth occu	e, end due to the o	csuse(s) and ma dete end pieca, s	nner as sta	ited. the cause(s)
ompli Me	29b. Signeture and title of certifier	2		2	9c. Licens	se number		29d. Dete signed	(Month, D	Dey, Year)
- 0	1024 cm	3 MD			2	44505	•	rigach	1 20	1991
,	30. Neme and address of person who		h /ltem 22e) /	Tyme Drine				4.00	-0	1-110
	A TO LIA DET	P1100	? .	NW:	TA	,				
State	31. Dete Med (Month, Dey, Year)	32. Registrar's	Signeture	, , , ,	1	4				

 DIVISION OF VITAL RECORDS, P.O. BOX 68760

27. MANNER OF DEATH

1 Netural 5

6 Could not be datermined

2 Accident
3 Suicide

4 Nomicide

COMPLETED BY

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tal or attending physician.	) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaiched for use as the burial-transit permit. Pages 1,		
retained by the hos	5 should be detach		st be notified at once.
eath. Page 6 may be	funeral director, page		xaminer must be
HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	letely filled in by the	emation, or removal.	nt, the medical ex
ificate be executed w	physician and comp	the prior to burial, cr	her traumatic eve
s that the death cert	aned by the attending	alth and Mental Hygi	s any injury, or of
CIAN: The law require	irtificate has been sig	he State Dept. of He	or item 23 show
ATTENDING PHYSIC	ECTOR: After this ce	s after death with t	n 28 is marked,
THE HOSPITAL OR	THE FUNERAL DIR	be filed within 72 hours after death with the State Dept. of Health and II	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

BALTIMORE, MARYLAND 21215-0020

	Items 1&18, g-733, 3/29/96eh per fh	96	09273					
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.	-						
	1. DECEDENT'S NAME (First, Middle, Last)  DOUGLAS GLASCOE  4. SOCIAL SECURITY NUMBER  2. DATE OF DEATH MONTH DAY DAY  DARCH 27  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  6. SEX  6. AGE (In yrs. lest birthdey)  F UNDER 1 YEAR  MONTHS  BAYS  HOURS  MIN.  SEPT  9. SECURITY NAME (If not institution, give street and number)  9b. CITY_TOWN OR LOCATION OF DEATH  9c.	8. BIRTHI COUNTY OF DE	3. TIME OF DEATH  7. 40 A M  PLACE (State or Foreign					
TOR	BAYVIEW MEDICAL CENTER BALLINOVE N/A RESIDENCE OF DECEDENT							
DIRECTOR	Mary Asp BALLIMSE TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1-YES 2 NO					
FUNERAL	416 E. PENNSYLVANIA ALE 21286	g. CITIZEN OF W	NAT COUNTRY?					
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 Pro If yes, specify Cuben, Maxican, Puerto Rican, etc.)  13. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.)  14. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No.)  15. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No.)  16. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No.)  17. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No.)  18. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No.)  19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No.)	14. RACE Black Splicit	- American Indian, , White, atc.					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  2 4 ENS  VS 4 CHIGANIC AIDE  Solution  166. KIND OF BUSINESS/INDUSTRY  Give kind of work done during most of working  When Do NOT use retired.)  Fundy Glass Hospital.							
BE CO	17. FATHER'S NAME (First, Middle, Liest)  18. MOTHER'S NAME (First, Middle, Melden, Melden Syrn  WILLIAM WEAKEN CHASCOE  Add HTEEdna CA	055						
TO E	19a. INFORMANT'S NAME (Type/Priph) / 19b. MAILING ADDRESS (Support and Number or Ruyel Route Number, City on Town, St.	ere, Zip Code)	Mary low					
	20b. PLACE AND DATE OF DISPOSITION  1 Defunded 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Competency or other place)  4 Donation 6 Other (Specify)							
	21. SIGNATURE OF FUNERAL SERVICE LICENSTER  22. NAME AND ADDRESS OF FACILITY HAT TO AND  3240 REISTENSTEWAY RULE  3240 REISTENSTEWAY RULE  3240 REISTENSTEWAY RULE  3240 REISTENSTEWAY RULE  325 AND REISTENSTEWAY RULE  325 AND REISTENSTEWAY RULE  326 AND REISTENSTEWAY RULE  327 AND REISTENSTEWAY RULE  327 AND REISTENSTEWAY RULE  328 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND REISTENSTEWAY RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND RULE  329 AND R	BALLIA	OKE, MI					
	23. PART I. Epfer the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respirato shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. DISSEMINATED MYCOBACTERIUM AVIUM COMPLETED FOR TO (OR AS A CONSEQUENCE OF):	pley	Approximate Interval Between Onset and Death 18 MOS					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. ACQUIRED Tummune Deficiency Synd out to (or as a consequence of):  oue to (or as a consequence of):  d.	ROME	= 10 YES					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Proliferative neuropathy. Dementia  CMV disease (retinitis/encephalitis)  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \text{NO PUNCERTAIN } \)	0?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Normaling Nome 5 Residence 8 Other (Specify)							
PHY	27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 18c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY WORK?	RY OCCURED						

28c. INJURY AT WORK?
1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF

26a. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one)

29b. SIGHATITHE AND

30. NAME AND AL

MAR 29 1996 32. REGISTRAR'S SIGNATURE

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Affer	after death with the State Dept. of Health and Mental Hygiene prior to burial, cre-	28 is marked, or Item 23 shows any Injury, or other traumatic event, the m
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	FOR STATE REGISTRAR		STATE OF I		D / DEPAI CERTIF					MENTA	L HYGIEI	NE .	סכ	0921	4
	1. DECEDENT'S NAME (First, EVA Ma	Middle, Last) gdalen	Hyser							2. DATE OF DEATH DAY YEAR MANCH 26 1996			3. TIME OF DEATH	n M	
	4. SOCIAL SECURITY NUME 215–05–0302	ER	5. SEX	6. AGE (In yr: 92	s. last birthday) YRS.	IF UNDER	DAYS	# UNDE	R 24 HRS. MIN.				O. DIFITI	Baltimore, Maryland	
OR	9a. FACILITY NAME (If not institution, give street and number) 6407 Fernbank Avenue				-		timo		ION OF DI	EATH		9c. COU	N/		
5	RESIDENCE OF DEC	10b. COUNTY	,		10c. CI	HTY, TOWN OR LOCATION								10d. INSIDE CITY	
L DIRECTOR	Maryland 100. STREET AND NUMBER						ltimore City					TIZEN OF 1	LIMITS?  1 YES 2 1	40	
FUNERAL	6407 Fernb	ank A	venue				2	21214	7			Unit	ed S	States	
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 X Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					If yes, sp		an, Maxica	in, Puarto	17 (Specify Yo Rican, etc.)	e or No-	14. RAC Blac Spec Whit	*	n,	
		EDENT'S EDUC y highest grade		164	Give kind of	work done	during mo	ON ast of works	ing	160	. KIND OF B	JSINESS/IN	DUSTRY		
COMPLET	Elementary/Secondary (0		College (1-4 or 5	Ca	shier					Phar	macy				
BE CO		encer							Sul a		Chulz				
2	Mary S. Berry 6407 Fernba							(Street and Number or Rural Route Number, City or Town, State, Zip Code) Dank Avenue Baltimore, Md. 21214							
	3								3/29	/96 Bal	ocation — timore				
	21. SIGNATURE OF FUNERA	L SERVICE LIC		rian A.	Willem	1	Leona	rd J.				e, Inc	. 53	05 Harford	Rd.
CERTIFICATION	IMMEDIATE CAUSE (Fill disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated eventa resulting in death) LAS	lons, diata	DUE TO	OR AS A CO	NSEQUENCE (	PF):	inc	eva	rar	ya	rter.	y de	ua	Interval Be Onset and	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given						given in	n Part I. 24a, WAS AN AUTOPSY PERFORMED?		241	b. WERE AUTOPSY FIR AMAILABLE PRIOR 1 COMPLETION OF C. OF DEATH? t YES 2 N	AUSE			
Y V	DID TOBACCO U		KIBUTE TO CA		PLACE OF DE			M DIN	CEKIAI	NL					
SIC	EXAMINER?	7.000	HOSPITAL:			OTHE	R:	10 5 NG	Reddence	6 Oth	er (Specify)				
<u> </u>	27. MANNER OF DEATH		28e. DATE O	FINJURY	28b. Til	ME OF	28c. IN	JURY AT			SCRIBE HOW	INJURY OC	CCURED		
ВУР	2 Accident	Pending Investigation	(Month, i	OF INJURY —		M street for	1 🗆	YES 2	□ NO	28t I O	CATION (Street	t and Numbe	er or Rural	Route Number.	
ETED	3 Suicide 6 4 Homicide	Could not be determined	building	etc. (Specify)							or Town, Stat			Tions Transcor.	
COMPLETED	anni .		CIAN: To the best o											(s) and menner as st	ated.
BE	296. SIGNATURE AND TITLE	× 1/	mlu	~ 17		20c. LICENSE NU					TE SIGNE	8 - % L	17		
2	30. NAME AND ADDRESS O			se of Death Harf			ltimo	re, M	aryla	nd					
	APR 01 19		A- 32. MEGIGYA	AR'S SATU	HQ.				-						100

Secretary See 11

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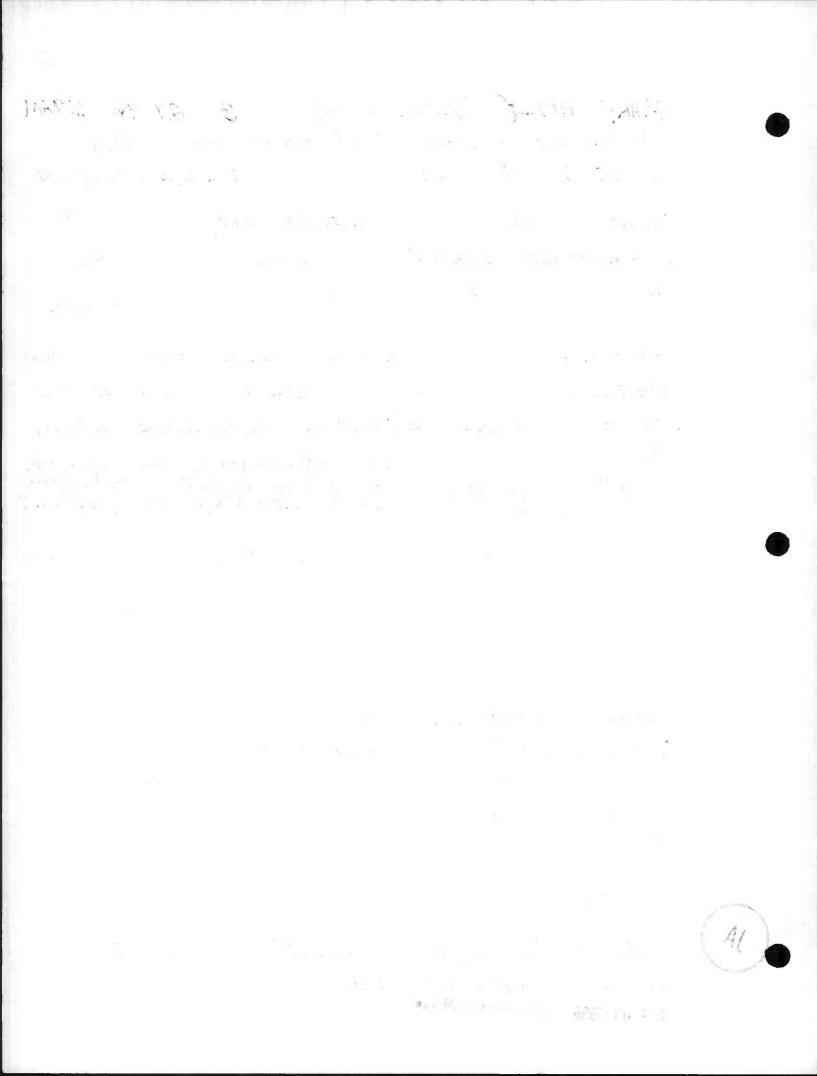
State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2 Data of Death Physician MN-LOUISE /Medical 4b. City, Town, or Location of Death acility Nama (If not Institution, giva stree Examine BALTIMORE INIVERSIT 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 6. Sax Birthplaca (Stata or Foreign Country) **Funeral** 1□ M 20 F 579-34-7812 Director MARYLAND Usual Rasidance of Decedant 10a. Stata 10c. City, Town or Location 10d. insida City Limits iral", or items 23a or 28a-f show Examiner must be notified at 1 Yes 2 No BALTIMORE Director MARYLAND 10e. Street and Number 10g. Citizan of What Country? 1108 ASHBURTON STREET USAI Funeral 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 No If Yas, Giva "natural", or items Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian. Biack, Whita, atc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: BLACK þ 3 Widowed 4 Divorced Yaar or Datas: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) I've Medical 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elementary/Secondery (0-12) 9+H GRADE marked other than Collega (1-4or 5+) DOMESTIC WORKER PRIVATE permit. Pages 1 and 2 should be file Department of Health and Mental Hy important: If item 27 is marked other any injury or other traumetic event. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meldan Sumema) Be MATTHEW 19e. Informent's Name/Ralationship (Type, Print) 19b. Neiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 1109 ASHBURTON ST., BALTIHORE, MD. 21216
ca of Disposition (Nama of Data 20c. Location City or Town, State JOSEPH 20b. Placa of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition 1X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata WESTERN STAR GENETERY 4-4-96 CATONSVILLE, MD. 4 ☐ Donation 5 ☐ Othar (Specify) H. BROWN JR. FUNERAL HOMB, P. A. 2140 N. FULTON AVE., BALTIMORE, MD. 21217 23a. Per 1. Enfor the disease. Or complications that cause the each. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. **Physician** Immediata Cause (Final disaasa or condition rasulting in death) PERICARDIAL TAMPONADE /Medical MINUTES **Examiner** edical Examine Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants resulting in death) Last Dua to (or as a consequence of): the burial Dua to (or as a consequanca of): ä Physician/M Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributs to the causs of death? È 3 Probably 4 Onknown 1 Yss 2 No CHRONIC ATRIAL FIBRILATION þ 24b. Wara autopsy findings CHRONIC OBSTRUCTIVE PHLYWONARY DOFASE 24a. Was an autopsy available prior to complation of causa of daath? HYPERTENSION

25. Was casa rafarrad to medical axaminar? 1 Yes SUNO Vital 26. Placa of Deeth (Check only one) 1 Yas 2 No Hospital: 1 Impatiant 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) Certification: To to Dete of Injury (Month, Day Year) 28b. Tima of Injury 27. Mannar of Deeth 28c. Injury et Work? Affair 1 Metural 2 Accident Division Attending 5 Pending invastigation 1 Yas 2 No after deatl Director: 6 Could not be determined 28a. Place of injury - At homa, farm, streat, factory, officional building, atc. (Specify) 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, 3171e) du 4 Homicida ò ij To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mennar as steted.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred et the tima, data and place, and dua to tha cause(s) and mannar stated. 29a, Cartifiar (Check only one) 29b. Signature and titla of certifian 29d. Data signed (Month, Day, Year) Registrar

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comment freed the three transfers.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cummittion, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical area
	3	3	20	OR
	5	6	90	H
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		STATE OF MAR						MENTAL H	YGIEN	5 U	U	9210
	1. DECEDENT'S NAME (First, Middle, Last)	Leonard i			CATE C	F DEA	ГН	2. DATE OF E MONTH March	DA	1006 Y	EAR 3.	TIME OF DEATN
		SEX 6. /	AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEA		24 HRS.	7. DATE OF B (Month, Day Feb 7	HRTN (, Year)	B.	Country)	スペック MACE (State or Foreign
СТОВ	99. FACILITY NAME (If not Institution, give atreet Keswick Home		9b. CITY, TOWN OR LOCATION OF DEATH Baltimore				, 15	9c. COUNTY	OF DEAT			
DIRE	Maryland Baltim	Maryland Baltimore City				10c. CITY, TOWN OR LOCATION Baltimore					10 ,X	d. INSIDE CITY LIMITS? YES 2 NO
NERAL	1300 Dellwood Avenue  100. STREET AND NUMBER 21211  101. ZIP CODE USA  102. CITIZEN OF WHAT COUNTRY USA								T COUNTRY?			
BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Never Married 2 Merried FORCES? 12 YES 2				DECENDENT ( apacify Cube YES 2 XIXIO	n, Mexica	IIC ORIGIN? (Sp n, Puerto Rican :	ecify Yee , etc.)	or No — 14.	Black, W	American Indian, Thite, etc. White
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  8  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Self Employed/Owner  Grocery Store											
TO BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Leonard A. Hare  18. Motner's NAME (First, Middle, Maiden Surname) Ethel M. Thompson											
TO B	190. INFORMANT'S NAME (Type/Print) Ella Hare  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 1300 Dellwood Avenue Baltimore, Maryland									21211		
TSN	20s METHOD OF DISPOSITION  1 Sourial 2 Cremation 3 Removal  4 Donation 6 Other (Specify)		206. PLACE A cemetery, cree Sater	nd date o	ATE OF DISPOSITION (Name of y or other place) Cemetery			0ATE 4/2		okland		
STAMING WAS	22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Road Baltimore, MD 2								D 21			
ent, the medical	22. PART I. Enter the diseases, or companied of heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	used the dependent line.	ioke	۷.	mode of dy	ing, such	n aa cardiac	or respir	atory arrest	7	Approximata Interval Between Onset and Death 6 Weeks	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AS A CONSEC	GU- DUENCE OF	Here	rele	201	is				unkusio	
MEDICAL	Coronaly and	Caraaly and lisease & history  Bypass grafting and myscardial infarctions  Performed?  1 YES 2 NO  NOTICE PRIOR TO COMPLETION OF CAUSE OF BEATH?  1 YES 2 NO								AILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
SICIAN:		SPITAL:		T	OTHER:		sidence	6 🗆 Other (Spe	nc/(v)			
BY PHYS	27. MANNER OF/DEATH  1 Netural 6 Pending Investigation	28a. DATE OF INJU (Month, Day, Ye	IRY ear)	28b. TIME	OF 28c.	INJURY AT WORK?		28d. DESCRIB		JURY OCCUR	ED	
TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc. (	IURY At hor (Specify)	ne, ferm, st	treet, factory, o	ffice		261. LOCATION City or Tox	(Street ar	nd Number or F	Rurel Route	Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: Or										nuse(s) en	d manner ea stated.
TO BE COMPLE	296. SIGNATURE AND TITLE OF CERTIFIER M. Jackelle Taa	gregos	M			1	NSE NUM	BER 7				30,1996
		REGOR.	KESWI	CK.		40 K	ST-	BALTI	1701			
	31. PATE R. E. 1 1996 Gull	PERSONAL PROPERTY.	September 1									

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	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIEN REG. NO.	E		
Š	1, DECEDENT'S NAME (First, Middle, Lest)	ARET H		2. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DAT	9 19	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER / 213 - 60 - 7/38	1   M 2   F		UNDER 1 YEAR IF UNDER 24 HRS. WITH DAYS HOURS MIN.	7. DATE OF BIFTIN (Month, Day, Year) March 1		HHTNPLACE (State or Foreign ountry) TV inclad	
TOR	98. FACILITY NAME (If not institution, give sti	d Road	94	Woodla		9c. SOUNTY	OF DEATH FIN OR	
DIRECTOR	10e. STATE 10b. COUNTY  Md 3	altimor		OWN OR LOCATION  WOOLAN	^		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 7411 Millwood	Road		Woodlaw 101. ZIP CODE 2124		OF WHAT COUNTRY?		
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HISP, If yes, specify Cuben, Maxie 1 YES 2 NO Specify	can, Puerto Rican, etc.)	Yea or No 14. RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	done during most of working tired.)		of Business/Industry			
BE CON	17. FATHER'S NAME (First, Middle, Last)		- 0,,,,,,,		AME (First, Middle, Maiden	Sumame)  Cytle		
TO B	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  21244  7411 Mill Wood Road Baltimore MARYland							
	20a. METHOD OF DISPOSITION  1 () Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		b. PLACE AND DATE OF Commetery, cremetory or other	ISPOSITION (Name of place)		ATION — City	or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Warth F. H. West  4300 Walbash Henry Ba (40)							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abook, or heart fellure. List only one cause on such line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  PUE TO (OR AS A CONSEQUENCE OR):  Approximate interval Between One and Death of the consequence of the condition of the condition resulting in death).							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST							
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions	contributing to deeth	but not resulting in t	he underlying ceuse given in	Part I. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO	
AN: N	25. WAS CASE REFERRED TO MEDICAL						1 123 2 110	
YSICI	EXAMPLER?	HOSPITAL: 1  Inpetient 2  ER/Out		28. PLACE OF DEATH (C) THER: Nursing Home 5 Residence				
	27. MANNER OF DEATH 1 Netural 5 ☐ Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DESCRIBE HOW IN	JURY OCCURE	D	
TED BY	2 Accident Investigation 3 Suicide 8 Could not ba 4 Homicide determined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, atred		281. LOCATION (Street a City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, Stete)		
COMPLETED				t the time, date and place, and du			rse(a) and manner as stated,	
TO BE C	200 LE OF CERTIFIER	omea	15 ) My	29c. LICENSE NL			NED (Morith, Day, Year)	
-	NAME OF DADDRESS OF PERSON WHO	AMSON	= 405°	Keder:	ex Ave -	ATOK	SVILLE	
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Amended 3/29/96, g-733, Item #17&19a eh per fh
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death STANLEY HUNTLEY **Physician** MARCH /Medicai 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death

BALTIMORE Examiner CENTER RANDALLSTOWN NORTH WEST HOSPITAL 7. Aga (In yrs. last birthday)

49

Yrs.

H Undar 1 Yaar

H Undar 24 Hrs.

Months

Days

Hours

Min.

APR. 28, 1946 5. Social Sacurity Number Birthplace (State or Foreign Country) **Funeral** 1√3 M 2□ F 212-48-3701 Director MARYLAND Usual Rasidanca of Decadant 10b. County 10a, Stata 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner must be notified at MD Director 1) (Yas 2 No n/a BALTIMORE CITY 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 8 21213 1201 N. AVE UNITED STATES LUZERNE 238 Funeral Нете 12. Was Decedant Evar In U,S. Armad Forcas? 14. Race - Amarican Indian, Black, Whita, atc. 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene. nt: If item 27 is marked other than "natural", or ite 1 X Navar Marriad 2 Married 1 ☐ Yas 2 ☑ No If Yas, Giva △ X Yaar or Datas: 1 ☐ Yas 2 X No Specify: Specify: BLACK by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Spacify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondery (0-12) Collage (1-4or 5+) 12 th custodian SWEETHEART HOLDINGS 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middle, Maiden Surnama) Be CHARLES HUTLEY Huntley THELMA MC HONEY 19a. Informant's Neme/Ralationship (Type, Print) McHonev 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Pages 1 and 2 s Department of Health an Important: if item 27 ia 1 any Injury or other trau once. MC HOMEY MARSHA 1201 n. luzerne st. baltimore, md 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata tx Burial 2 ☐ Cramation 3 ☐ Ramoval from State PARK 4-1-96 RANDALLSTOWN.MD KING MEMORIAL 4 □ Donation 5 □ Other (Specify) 21. Signature of Fuperal Service Licensee 22. Nama and Addrass of Facility WM. C. MARCH HF.-1101 E. NORTH 23a. Part1. Entar the disaasa, or complications that consad the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on which line. **Physician** · ANOXIC ENCEPHALOPATHY /Medical immediata Cause (Finel disaasa or condition rasulting in daath) 6 DAYS Examiner Physician/Medical Examiner Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Causa (Disaase or injury that initiated avents rasulting in death) Last Dua to (or es a consequence of) Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificate has t 1 ☐ Yas 2 Ø No 1 Yas 2 No 25. Wes casa rafarred to medical axaminar? Be 28. Placa of Death (Check only ona) Hospital: Medical Certification: To 1 Yas 2 No 1 ☐ Impatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menner of Death 28h Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending Invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 - Homicida Descripting Physician: To the best of my knowledga, daath occurred at the time, data and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the best of axamination and/or invastigetion, in my opinion, daath occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifier

Box 68760 Division of Vital Records, P.O.

death

Maryland 21215-0020

Baltimore,

bepital or Attending Physician: The law requires that the death certificate be assocuted hours after death.

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Registrar

29b. Signatura and titla of certifiar

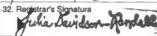
29c. Licensa number 0 3 7 3 3 3

29d. Data signed (Month, Day, Year) MARCH 26, 1996

30. Nama and address of person who completed cause of death (Itam 23a) (Type, Print)

C. RAVI MW, NHC, BALTO. MD 21133 , NHC,

31. Data flied (Month, Day, Year)



(0)

THE HOSPITAL ON ATTENDARS PHYSICIAN: The law requires that the death certificate be executed within a course day of the major of the postial or attending physician.

The profital course after course the course of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 nows after course on the profit of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT IT IN THE ACCURATE A REPORT OF SHOWS ANY INJURY, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)

APR 0 1 1996

32. REGISTRAR'S SIGNATURE

	I.do	Hobne			RA SAI	RAH HUI	EBNER	2. DATE OF DEATH	P.S. AND	YEAR . 1996	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	BER	5. 9EX	8. AGE (In yrs.		IF UNDER 1 Y	EAR IF UNDI	MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHP Country)	LACE (State or Foreig
482-58-8369		1 D M 2 DXF	92	YRS.				MARCH 19, :		publique	_ 001 2011
90. FACILITY NAME (If not in AUGSBURG LUTTHE						OWN OR LOCAT		ATH	1000100	UNTY OF DE	ATH
RESIDENCE OF DEC		/IC			BALTIM	ORE COUN	IY		BALI	IMORE	1-3
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATION					IOd. INSIDE CITY
MARYLAND	BALTIN	MORE CITY		BALT	TIMORE					- 1	LIMITS?
10e. STREET AND NUMBER						10f, ZIP CO	DE		10g. CI	TIZEN OF WH	IAT COUNTRY?
2613 CHESLEY A	AVENUE					21234			USA		MI ST
11. MARITAL STATUS	Maried of	12. WAS DECEDEN	T EVER IN U.S.	ARMED X NO				NC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No-	14. RACE - Block.	- American Indian, White, etc.
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V		4		YES 2 X NO				Specify	
-	EDENT'S EDU	ICATION .	140	DECEDENTS	USUAL OCC	(DATION)		16b. KIND OF I	D/ 10 10 10 00 /10		HITE
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6	1-12)	College (1-4 or 5 -	)	MEMAKEE				HOUSEKER	DINC_C	INN HOME	-0
17. FATHER'S NAME (First, A	liddle, Lest)	13/71	110	ILI VICL		18. MO	THER'S NA	ME (First, Middle, Meid		WIN TROUB	
CARL JOHANN BO	DEHME					EMIL	IE CLA	VRA HECHT			
19a, INFORMANT'S NAME (	Type/Print)			19b. MAILING	ADDRESS (S			Route Number, City or	lown, State, Z	(ip Code)	
ROBERT W. HUEE	BINER (SC	ON)		90 BETH	IESDA T	RAIL	SWAN	TON, MARYLA	ND 215	61	
204 METHOD OF DISPOSIT		noval from Stata			OF DISPOSITI		EM. AF	PATE 20c.		YN, IO	
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart failure.	a	(OR AS A CONS	NA. SEQUENCE O	)F):			isade	apriator y a	il Vall,	Approximat Interval Bet Onset and I
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate iNG iry	G	(OR AS A CONS	SEQUENCE O	PF):						
PART II. Other eignifice	ent condition	na contributing to	death but no	t resulting	In the unde	rlying cause	given in	PERI	AN AUTOPSY ORMED? 2 NO		WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI DF DEATH?
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			QTHER:	26. PLACE OF	DEATH (Ch	eck only one)			
1 YES YNO		1 Inpatient 2		_	4 Nursin		Residence	6 Other (Specify)			
OT MANNED OF DEATH	Pending Investigation	26a. DATE OF (Month, D		28b. Tif	JURY	ic. INJURY AT WORK?	□ NO	28d. DESCRIBE HO	W INJURY O	CCURED	
27. MANNER OF DEATH  1 Netural 5   2 Accident	·····		F INJURY - At	home, farm,	street, factory	, office		28f. LOCATION (Stre City or Town, Str	et and Numb	er or Rural Ro	ute Number,
Netural 5   2 Accident	Could not be determined	26e. PLACE C building,	etc. (Specify)						,		
Netural 5   2  Accident 3  Suicide 6   4  Homicide Check only	Could not be determined	building,	etc. (Specify) my knowledge,					to the cause(s) and I	nanner as st		and manner so state

DHMH-16 Rev 1/89

State of Maryland / Department of Health and Mental Hygiene Q &

					ar y rai r		tificate of	Death		Reg. No.	0	09280
	Physic	ian	Decedent's Neme (First, Middle, Las	t)					2. Dete of Dee Month	eth Dey	Yeer	3. Time of Death
4	/Medi		THOMAS	ISON			March	29, 1	996	3:45 A.M.		
	Exami	ner	4e. Fecility Neme (If not institution, give		)			4b. City, Town, or	Location of Death			
	Funeral		Stellar Maris Hos 5. Sociel Security Number 6. S 214-26-8450			lest birthdey)	if Under 1 Yeer Months Deys		8. Dete of Birt (Month, De Jul. 7	Bal	9. Birthi	ce   plece (Stete or Foreign ntry)
	Director		Usuel Rasidance of Decedent		6	2 Yrs.			Jul. 7	, 1933	Ma	ryland
	show show		10a. Stete 10b. County		10c. City	, Town or Loc	cation				- 1	10d. Inside City Limits
	the Maryla 28s-f show notified at	tor	Maryland N/A		Bal	timore						1 X Yes 2 □ No
		Direc	10e. Street end Number				10f. Zip Code			10g. Citizen of V	Whet Cou	ntry?
	E 25 H	ral	825 N. Port Stree				21205			United		
020	or item aminer	by Funeral Director	11. Maritel Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 DYes 2 If Yes, Give Yeer or Detes:	Ever in U. 195 No 195		/es Decedent of I Yes, specify Cub ☐ Yes 2 No	Hispenic Origin? (Spen, Mexicen, Puerl	pecify Yes or No- o Rican, etc.)	Bled	e - Americk, White,	
21215-0020	hin 72 houn in "netural", Medical Ex	Completed	15. Decedent's Ed (Specify only highest green Elementary/Secondary (0-12)	ucation de completed) Collaga (1-4or	54)	16e. Daced (Give I life. D	ent's Usuei Occu and of work done O NOT use ratire	petion during most of world)	rking	16b. Kind of Bu	usiness/in	dustry
	od will project the t. the	Сош	12th	-	0.,	Lab	orer			Tool C	ompai	ny
Maryland	tal Hygid attention	Be	17. Fether's Neme (First, Middle, Last)	<b>*</b> 1					me (First, Middla,	Maidan Suman	ie)	
Z	should b nd Menta marked imatic e	To	Robert Westley			401 14 111			ae Hazel			
Ma	10 世 単 日		19a. Informant's Neme/Ralationship (7 Marjorie Johnson	ype, Print)				Street, 1				Code)
e,	t Leath Health Item 27 other to		20e. Method of Disposition		20b. Pl	lece of Dispos	ition (Name of		Dete	20c. Location -		own, Stete
ů			1 ☐ Bunal 2 ☐ Xemetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		CE	GREENMO	etory or other pla UNT CR	EMATORY	3-30	BALTI	MORE	, MARYLAND
Baltimore	permit. Page Department of Important: If any injury or strice.		21. Signeture of Funerel Service Licen-				Neme end Addre					
9	89118		Karen 7	n, K	vol		arcn Fun 101 E. N	eral Home Orth Aver	e East nue, Bal	timore.	MD 2	21202
1	Physiclan		23e. Pert1. Enter the disease, or comp shock, or heert failure. List only of	lications that cause one ceusa on aech li	d the deeth							Approximate Intervel Between Onset and Death
1	/Medical Examiner	Ġ	Immediete Cause (Final disease or condition resulting in death)	. LUN		ANC						Smos.
		ner			Due to (or	es a consequ	Jance ot):				i	
,	ifficate be executed g physician end as the buriel-transit	edical Examiner	Sequentially list conditions, if eny, leading to immediate	b. ————	Due to (or	es e consequ	ience of):					
68760,	hysician	lical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last	c	Due to (or	es e consequ	ence of):					
	E 00 00	1000		d								
Вох	death cer e ettendir ed for use	cian										
, P.O.	by the	y Physician/N	Pert il. Other significant conditions co	ntributing to death b	ut not resu	ilting in the un	derlying cause gi	ven in Pert I.		obacco use co ∕ss 2□No	ntribute t 3 □ Pro	bably Unknown
	> 00	Completed by							24a. Was perfo	an eutopsy med?	90	ere autopsy findings relieble prior to empletion of cause death?
E.	ysician: The law is certificate has t director, page 2 s	mo.							101	es No	11	☐Yes 2☐ No
/ita	artifica octor,	Be	25. Was case raferred to medical examinar?						ath (Check only o	ne)		
of Vital	Z w 0	To	1 □ Yes 20 No	Hospitei: 1 Inpatie		ER/Outpatient	3LI DOA					W) Hospice
ion	Attending F or death. ector: After by the funer	ation	27. Mannar of Déath  1 Shatural 5 Pending 2 Accident Investigation	28a. Date of Inju (Month, De	y Year)	28b. Time of Injury	28c. Inju Wo M 1	ryat rk? ]Yes 2 □ No	28d. Describe h	ow Injury occur	red	
Division	al or Atte s efter de il Directo d in by th	Certification:	3 Suicide 6 Could not be determined	28e. Place of Inj building, et	ury - At hol c. (Specify,	me, farm, stre	et, fectory, office		28f. Location (S City or Tow		er or Run	al Route Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai (	29e. Certifier (Check only one) 1 Certifying Phy	sician: To the bast of ner: On the basis of and menner sto	f exemineti	viedge, daeth ion end/or inv	occurred et the ti estigetion, in my o	me, dete end piece opinion, deeth occu	, end due to the d rred et the time, d	cause(s) end ma dete end place,	nner as s and due t	stated. the cause(s)
	Vithii To th comp	M	29b. Signeture and title of certifier				29c. Licens	se number		29d. Dete signe	d (Month,	Day, Year)
	in		Mondall	SPA	nela	cus	Da	5643		3/29	196	
	10		30. Neme end eddress of person who c									
	1		DR. KENDALL FAULK	NER 2300	DULA	NEY VA	LLEY RD.	, TOWSON	, MD 2	1204		

Registrar

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State of Maryland / Department of Health and Mental Hygiene 96 0928 |

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		Harbor Hos	Pital Cent	er	Baltima	ore Bal-	timore County
Funera		5. Social Security Number 6. S	ex 7. Age (In yrs.		ar If Under 24 Hrs. 8.	Dete of Birth Month, Dey, Year)	Birthplece (State or Foreign Country)
Director		220-18-6628	- M 294 F	78 Yrs. Months Dey		une 11, 1917	Virginia
and w		Usuel Residence of Decedent  10a. Stete 10b. County	10c. Ci	ity, Town or Location			10d. Inside City Limits
Manyl f sho	0	m. 11 m/4	2 R	0/1/2010	NO .		1 PYes 2 No
28.0 1000	Director	10a. Street end Number	N	10f. Zip Code		10g. Citizen of	What Country?
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/Medical Examiner	г.	Immediate Cause (Final disease or condition resulting in death)	LIVer	Failure			4 days
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er th	n: T	27. Manner of Death	28a. Dete of Injury (Month, Day Year)	28b. Time of 28c. In		Describe how injury occur	
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24a. Was an autopsy findings available prior to completion of cause of death?   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   1   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   Yas 2   No   No   No   No   No   No   No	0	y the	ys											
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30. Nama and addrass of parson who completed cause of death (Itam 23a) (Type, Print)  Dr. Eddie Nakuda, 2300 Dulaney Valley Rd., Towson, Md. 21204  State 31. Data filed (Month, Day, Year) 33. Registrary Signature		o the	Ž		of certified				29c. Lies	hse number		29d. Data signe	ed (Month.	Dey, Year)
Dr. Eddie Nakuda , 2300 Dulaney Valley Rd., Towson, Md. 21204  State 31. Data filed (Month, Day, Year) 33. Registrate Signature		ESER	n	1 5	Nos	chods	2-1		1/	13504				
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State 31. Data filed (Month, Day, Year) 33. Registrar's Signature										.Towson	Md. 212	04		
			to			39. Rec	gistrar's Signature			,				
							Davidson	Bondes						

DHMH 16 Rev 6/95

. 199 18 199 P. P. C. March 1948

State of Maryland / Department of Health and Mental Hygiene 96 0928

				Certificate d	of Death	Re	g. No.	03203
Physic		Decedent's Neme (First, Middle, Last)  Dais  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis  Ouis	y Lily	Lamb		2. Date of Deeth Month March	n	3. Time of Death 8:20 p.m.
/Medi Exami		4a. Fecility Neme (If not Institution, give street end number)  Johns Hopkins Bayview Medica			4b. City, Town, or Baltimore	Location of Deeth	4c. County of	
Funeral Director	2	5. Social Security Number 6. Sex 7. Age	(In yrs. lest bir		er If Under 24 Hrs.		Year] 914	9. Birthplece (Stete or Foreign Country), VXIGINÍA
Maryland H show	tor	10e. Stete 10b. County  Maryland Baltimore	10c. City, Tow	n or Location Ltimore				10d. Inside City Limits 1 ☐ Yes 2 ☐ No
72 hours after death with the Manyland natural; or frems 23s or 28s-1 show dies! Examiner must be notified	rai Director	10e. Street end Number 7105 North Point Road		10f. Zip Cod 21 21 9		u	og. Chizen of Wh	
urs after dea al', or flems	by Funeral	11. Meritel Stetus  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. Wes Decedent E Armed Forces?  1 1 Yes 2 N If Yes, Give Yeer or Detes:		13. Wes Decedent of if Yes, specify C	of Hispenic Origin? (Souben, Mexican, Puert No Specify:	pecify Yes or No- o Rican, etc.)	Bleck,	American Indian, White, etc.
	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  College (1-4or 5-			ne during most of wor tired)	king	16b. Kind of Busi	
I be filed within that Hygiene.	Be	7 YEARS  17. Father's Neme (First, Middle, Last)		Homemake	18. Mother's Nen	ne (First, Middle, N	OWN HON feiden Sumeme)	
	7	George Wilson  190. informant's Neme/Rejetionship (Type, Print)  Bertha Wood		. Melling Address (Str 22 Salisbu		ral Route Number,		tate, Zip Code) Jland 21219
Semit. Pages 1 an Department of Heal Important: If item 2 Iny Injury or other MCs.		20e. Method of Disposition  1 □ Burlal 2 □ Cremetion 3 □ Removel from Stete  4 □ Donetion 5 □ Other (Specify)	20b. Pieca of cemeter	f Disposition (Neme of ry, cremetory or other, Hill Ceme	piece)	Dete 2	20c. Location - C	jkunu 21219 ity or Town, State Liver, Marylan
pemit. Page Department of Important: If any Injury or		21. Signature of Floreful Service Licensee	11	22. Name and Ad				
Physician Physician and Physician and Physician and Physician and Italiansii tor use as the bunal-transii	n/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	CatSTIVE Due to (or es e d Due to (or es e d	HEMAT / consequence of): consequence of):	PALLURE			Interval Between Onset and Deeth
that the death ceied by the attendir	Physician/	Part ii. Other stgnificant conditions contributing to death but	t not resulting in	n the underlying cause	given in Pert i.	23b. Did tol	1	ibute to the cause of death
e law requiras that the has been signed by the	Completed by P	HUPERITENSION				24a. Was an perform	autopsy	24b. Were autopsy findings available prior to completion of cause of death?
ysician: The l	Be Con	25. Wes case referred to medical			26 Place of Dec	1 ☐ Ye		1 ☐ Yes 2 ☐ No
ding Ph. After thi funeral	Certification: To E	examiner?  1 Yes 2 No Hospitel: 1 inpatier  27. Megner of Death Neturei 5 Pending Investigetion 3 Suicide 6 Could not be	Year) 28b. 7	Fime of njury M 1	Other: 4 Nursing H njury et Vork? Yes 2 No	ome 5 Resider	nce 8 Other w injury occurred	
spital or Attent hours after deat neral Director: y filled in by the		4 Homicide determined 228. Press of injurious building, etc.  29e. Certifier 12 Certifying Physician: To the best of	(Specify)	m, street, fectory, office,	time, dete end piece	City or Town,	, State)	or Rural Route Number,
To the Hospital within 24 hours a within 24 hours a To the Funeral I completely filled	Medical	(Check only one)  2 Medical Examiner: On the basis of end menner stet  29b. Signeture end talk of certifier  30. Name and eddress of person who completed cause of de	examinetion and ed.	d/or investigation, in m	y opinion, deeth occur ense number 22723	rred et the time, de	te end plece, an	d due to the cause(s) (Month, Dey, Year)
_		4920 CALLEBOUR BLUD	1 104	rite was	es, no 2	1236		
Sta Registr		31. Dete filed (Month, Dey, Year)  32. Registrer	r's Signeture	2				

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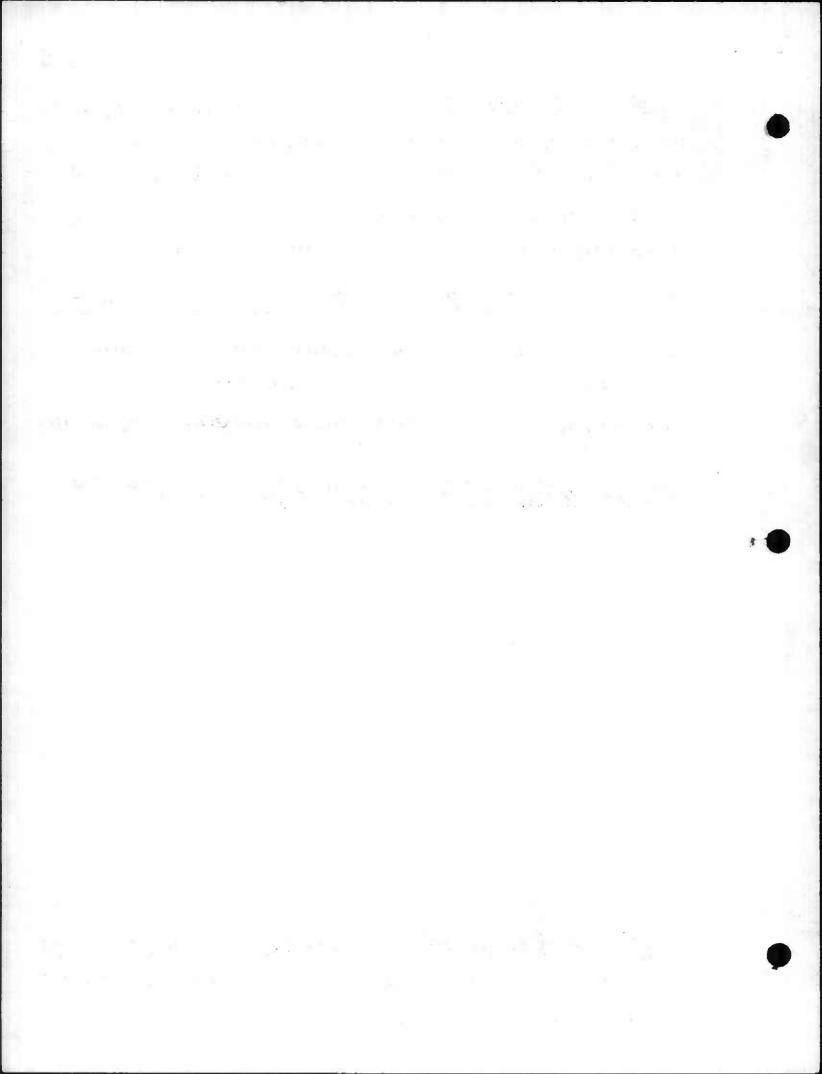
				Certifica	ate of	Death		Reg. No.	09	204
Dhusisian	1. Decedent's Neme (First, Middle,	Last)					2. Dete of D	eeth Dey	Yeer 3	. Time of Deeth
Physician /Medical	mary o	recauley					mare	1 26h.	96	7:50 Pm
xaminer	4e. Facility Neme (If not institution,						or Location of Dee	th 4c. County	of Deeth	
	North West Ho	spital Ce	nter				.lstown	В	altimo	ore
erai ctor	5. Social Security Number 219-32-7312  Usual Residence of Decedent		(In yrs. last birt	Yrs. if Un Month	der 1 Year ns Deys		lin. 8. Dete of Bin. (Month, D	irth ley, Year) 7 - 33	9. Birthplece Country) Virgin	(Stete or Foreign
10	10a. Stete 10b. County		10c. City, Town	or Location					10d.	Inside City Limits
dical Examiner must be notified at eted by Funeral Director	MD. Balti	more	Danda	llsto	T.773					1 ☐ Yes 2 ☐ No
Director	10e. Street end Number	more	Kanua		Zip Code			10g. Citizen of	What Country?	
	3529 Cabat Ro	pad			2113	3		U.		
Funeral	11. Meritel Stetus	12. Wes Decedent E	ver in U,S.	13. Was De			(Specify Yes or Nierto Rican, etc.)		a - American I	ndian,
by Fur	1 ☐ Never Married 25 Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces?  1  Yes 2 New Yes, Give Year or Detes:	0		pecify Cub		erto Rican, etc.)	Specif	ok, White, etc.  9: Black	ς.
i pi	15. Decedent's (Specify only highest	Education	16e.	Decedent's U	suel Occu	petion	unding	16b. Kind of B	usiness/Indust	
dmo	Elementery/Secondery (0-12)	College (1-4or 5- 2yrs.		life. DO NOT		during most of (	working	Domes	tic	
Bec	17. Father's Neme (First, Middle, La	st)				18. Mother's ?	Neme (First, Middle	e, Meiden Sumen	ne)	
	Ray Davenport	•				Dante	e Harri	S		
To	19e. Informent's Neme/Reletionship Thomas McCaul						Rural Route Numl Randall			
8	20e. Method of Disposition		20b. Plece of	Disposition (f	Veme of	ce)	Dete	20c. Location	City or Town,	State
	1 Burial 2 Cremetion 3 4 Donetion 5 Other (Spe						3/31	Cumber	land.	Va.
9008	21. Signeture of Funerel Servica Lie					ss of Fecility	1721-27			
Sus	Dorute Le	to CFSP #	281	E' T	Dh: I	14-a E				
	23a. Pert1. Enter the disease, or co shock, or heert feilure. List or			ot enter the m	DODE OF DVI	.IIDS P	H Balt	errest		L / proximete
use as the bunat-transit	Immediete Cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediete cause. Enter Underfyling Ceuse (Disease or injury thet initiated events reaulting in death) Last	в. В. Да с.	ue to (or es e o	PLEI consequence of	of): URAI of):		FUS1 UN	i		MONTH
Icia	Part ff. Other eignificant conditions	contributing to death but	not resulting in	the underlying	o cause oi	ven in Pert f	23h Did	I tobacco usa co	ntribute to the	cause of death?
by Physician/	INSULIN E	EPENDENT						Yee 25 No	3 Probabl	
leted								s an autopay ormed?	evaliab	outopsy findings le prior fo ation of cause h?
E							1 1 1	Yes 20 No	1 □ Ye	s 2 No
Be	25. Wes case referred to medical					26. Plece of [	Deeth (Check only			
To Be Comp	exeminer?	Hospitei: 1 Inpatien	t 2 ER/Out	patient 3	DOA Oth	Jer. –	Home 5□Res		ner (Specify)	
	27. Menner of Death	28a. Date of Injury (Month, Dey			28c. Inju Wo			how injury occur		
atio	1 Neturel 5 Pending 2 Accident investigat		rear) II	njury M		Yes 2 No				
Medical Certification:	3 Sulcide 6 Could not determine		y - At home, fer (Specify)	m, atreet, fect	ory, office		28f. Location City or To	(Street and Numb own, State)	per or Rural Ro	ute Number,
edical	29a. Certifier (Check only one) 15 Certifying I 2 Medicaf Ex	Physician: To the best of aminer: On the basis of e end menner stete	xaminetion end	deeth occurre l/or Investigeti	ed at the tid on, in my o	me, dete end ple opinion, deeth o	ice, and due to the courred et the time,	ceuse(s) and me , date and place,	anner as steted and due to the	i. cause(s)
W Som	29b. Signeture end title of certifler			2	29c. Licens	se number		29d. Dete signe	d (Month, Day,	Year)
	20 Name of States	meller m	0	Date 27.11	04	1410		mard	264	96.
	30. Neme and address of person wh	completed cause of dee			A		0 0			21133.
State	31. Date filed (Month, Dey, Year)	32. Registrer	's Signeture	EST H	43P17	AL CEN	JEL KI	MOALL	MAN	mo

DHMH 16 Rev 6/95

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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q. C.

			item#16b film g734 4/01/96 ag per Cartificate of Death	Re	eg. No.	09285
п	Physic	ian	1. Decedent's Neme (First, Middle, Last) ROBERT D. MYERS	2. Dete of Deet Month MARCH	Day Yee	3. Time of Deeth
Ĭ.	/Medi Exami		4a. Facility Name (If not Institution, give street and number)  4b. City, To	own, or Location of Death	4c. County of De	
				MORE CITY		ı
	Funeral Director		5. Social Sacurity Number 6. Sex, 154 M 2 F 7. Aga (In yrs. last birthdey) 154 M 2 F 7. Aga (In yrs. last birthdey) 154 M 2 F 7. Aga (In yrs. last birthdey) 154 M 2 F 7. Aga (In yrs. last birthdey) 154 M 2 F 8 F 8 F 9 F 9 F 9 F 9 F 9 F 9 F 9 F 9	24 Hrs. 8. Dete of Birth (Month, Day, 4 - 6 -	Year) 9. E - 17 Mar	Birthplace (Steta or Foreign Country) Lyland
	ylend		10a. Stata 10b. County 10c. City, Town or Location			10d. Inside City Limits
	the Maryler 28a-f show	ctor	MD Baltimore McDonough			Yes 2 No
	23a or 2	Funeral Director	10e. Street and Number 2944 Wood Valley Drive 21208		0g. Citizen of Whet U.S.A.	Country?
21215-0020	ass 1 and 2 should be filed within 72 hours efter death with the Maryland tof Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic avent, the Mexical Evanteer fruit be routled at	by	11. Maritel Stetus  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  3 Widowed 4 Divorced  12. Wea Decedant Evar in U.S. Armed Forcas?  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried 2 Married  1 Nevar Merried		Bleck, W	merican Indien, Thite, etc. WHTE
15-0	"netu	Completed	15. Decedent's Education (Specify only highest grade completed)  16a. Decedent'a Usual Occupation (Give kind of work done during mos	st of working	16b. Kind of Buaines	
212	filed within Hygiene. Wher than	ошо	Elamentery/Secondary (0-12)  12th grade  Coilega (1-4or 5+)  Chief Executive O		Advertis	,
	be filed trai Hygie d other i	BeC	17. Father'a Neme (First, Middla, Last) 18. Moth	er's Nama (First, Middle, A	felden Sumame)	
yia	should be filed withli ind Mental Hygiene. I marked other than umatic avent, the M	To	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ith Bear		
Maryjand	d 2 sho th and 7 la ma traum		19a. Informant's Name/Relationship (Type, Print)  19b. Malling Address (Street and Numb			
nore,			Jill Myers / Wife     2944 Wood Valley D       20a. Mathod of Disposition     20b. Place of Disposition (Name of cemetery, cremetory or other place)		20c. Location - City	
Baltimore,	permit. Pag Department Important: I any Injury o		21. Signature of Funerel Service Licenses  22. Name end Address of Facility  State Anatomy B	bard-655 W.	Baltimore	2 Street
	20260		Baltimore, Mary	land 21201-	1559	
1	Sharleinn.		23a Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as shock, or heart tailure. List only one cause on each line.	cardiac or respiratory arre	eat,	Approximata Interval Between Onset and Death
7	Medical		tmmediate Ceuse (Final disease or condition ALZHEIMERS DISE)	45E		6 YPATT
	Examiner		resulting in deeth)  a.  Due to (or as a consequence of):			Jons
	b tis	ulue	b			
ć	n and iel-trei	Examiner	Sequentieily list conditions, if any, leading to immediate causa. Enter Underlying Cause (Diaeses or injury that initiated events  Due to (or as e consequence of):  Due to (or as e consequence of):			
68760,	fficate be executed g physician and as the burief-trensit	edical	Cause (Disease or injury that initiated events resulting in death) Lest  Dua to (or aa e consequence of):			
Вох	eath certific ettending p for use as	Physician/M	d			1
O.E.	the ett	/sici	Part II. Other algnificant conditions contributing to death but not rasulting in the underlying causa given in Part	l. 23b. Dld to	bacco une contribu	ute to the cause of death?
P.0	that the de ed by the detached		PARKINSONS DISEASE	1 🗆 Ye	98 2 No 3	Probably Anknown
of Vital Records,	The lew requires that the death certificate be executed the best been signed by the ettending physician and page 2 should be detached for use as the buriel-trensit	Completed by	PARKINSON'S DISEASE DEPRESSION	24a. Was el perform		b. Were eutopsy findings avelleble prior to completion of causa of deeth?
Re	The lew ate hes page 2:	шо		DELY	s 2 No	AYes 2□ No
ital		BeC		e of Deeth (Check only on	7.	
of	5 00	2	1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: No	ursing Home 5 Raside		pecify)
ou	After funer	tlon	27. Menner of Death  28. Dete of Injury  28b. Time of Injury at Work?  2  Accident investigation  28c. Injury at Work?  M 1 Yas 2		w Injury occurred	
Division	or Attending after death. Director: After I in by the fune	Certification:	2 Accident Investigation 3 Sulcide 6 Could not be determined 28e. Piece of Injury - At homa, farm, street, fectory, office building, etc. (Specify)		reet and Number or , Stete)	Rural Route Number,
	To the Hospital or Attending Physikin in the Attending Physical Physics and To the Funeral Director: After the completely filled in by the funeral	edicai C	29e. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete en 2 Medical Examiner: On the bests of axamination and/or Investigetion, in my opinion, dee and mennar stated.	nd piece, and due to the ca oth occurred et the tima, de	use(s) and menner ate and piece, and d	as stated. due to the cause(s)
	vithin 2 To the	Me	29b. Signeture and title of certifiar  Can/M I/a De MD  29c. Licanse number  M 7 5 4		od. Data signed (Mo	21 /9 9 K
			30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)	,	- A	)1110
			DAVID M STE, NBERG MD 600 N, WOLFE  31. Dete tiled (Month, Day, Year)  32. Registrer's Signeture	ST BAL.	T MI)	21287
	Sta Registr		31. Dete tiled (Month, Day, Year)  32. Registrer's Signeture			
			TI TO T 1930 DIMENSIONAL MARKET			



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exceed within an incompletely find in by the intensity of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, tremmon, or minimal in them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
ш.			

	REGISTRAR			ERIT	ICALE	Ur I	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	Audrey	R.	Mess	ner			MONTH		AY 4.00	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. las			er an	# 1000 P	Marc		199	-	5:10 p	-
	214-40-4908	1 🗆 M 2 💢 F	87	YRS.	MONTHS D		HOURS MIN.	(Month	DE BIRTH , Day, Year) . 12, 1	908	Countr	PLACE (State or Form) ryland	nign
	9e. FACILITY NAME (If not institution, give e	treet and number)			9b. CITY, TO	OWN OR	LOCATION OF D				NTY OF D	EATN	
DIRECTOR	Keswick Home	9				Ba	ltimore	City				N/A	
B	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR	LOCATIO	OM .					10d, INSIDE CITY	
	Maryland	N/A					ltimore	City				LIMITS?	но
FUNERAL	100. STREET AND NUMBER 700	W. 40th St	reet			10f. 2	ZIP CODE	21211				States	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE					NDENT OF NISPA			or No-	14. RACE	— American India	n.
8	1 Never Married 2 Merried 3 X Wildowed 4 Divorced	FORCES? 1 Y		40			offy Cuben, Maxic		ican, etc.)		Speci		
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	completed)	(G	CEDENT'S ive kind of v	USUAL OCCU	JPATION ing most	of working	16b.	KIND OF BUS	SINESS/IND	DUSTRY		
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)			Prin	cipa	al	Ва	ltimo	re Ci	ty S	chools	. 1
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	AME (First, A	liddle, Meiden	Sumeme)	12.0		
BEC		William J.							Wedel				
2	190. INFORMANT'S NAME (Type/Print)  Donald Snyder		190		Brin		Number or Rural Lane		er, City or Tow			1051	
	20a, METNOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remains		20b. PLACE A	ANDDATEC	OF DISPOSITIO	-	e of	DATE	20c. LO	CATION —	City or To		$\neg$
	4 Donation 8 Other (Specify)		Park	wood	Cemet				Bal	timor	re	Maryland	
	21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE Milton J	Knight	7		ME AND	Harfor	L				k, Inc. Md. 21214	1
	23. PART I. Enter the diseases, or o	complications that cau	God the do	DO O									
	shock, or heart failure. I	List only one cause of	n each line	.0			o or dying, soc	AT WE CHILD	ac or respi	ratory an	rest,	Approxima Interval Be Onset and	tween
	disease or condition resulting in death)	alzhein	er's		seas	e						loye	ars
		QUE TO (OR A	S A CONSEC	DUENCE OF	7:								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEC	DUENCE OF	7):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	2-											
E	that initiated events	DUE TO (OR A	S A CONSEC	DUENCE OF	7:								
Ë	resulting in death) LAST	1											
	PART II. Other aignificant condition	s contributing to deet	h but not r	esulting i	n the unde	rlying	ceuse given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FIN	DINGS
EDICAL									PERFOR	1 4		AMAILABLE PRIOR T	
								_	I L TES 2	NO		OF DEATH?	
2	DID TOBACCO USE CONTE	RIBUTE TO CAUSE	OF DEA	TH YE	S [] NO	) IXI	UNCERTAI	$\Box$				1 TYES 2 N	°
NA N	25. WAS CASE REFERRED TO MEDICAL				H (Check only	7		<u> </u>					_
Sic	1 YES 2 NO	HOSPITAL:	Outpatient 3	□ DOA	OTHER:	Nome	5 Residence	8 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJUI (Month, Day, Yea		28b. TIME	OF 28	c. INJUF	TA YE		CRIBE NOW II	NJURY OC	CURED		
ВУ	1 Netural 5 Pending 2 Accident Investigation				M 1		\$ 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJU building, etc. (\$	JRY — Al hou Specify)	me, tarm, a	treet, fectory,	offica		28f. LOCA City o	TION (Street e r Town, Stete)	ind Number	or Rural R	loute Number,	
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kr	owiedse de	ath occurre	d at the time	data as	nd place, and due	to the cour	ofe) and man				
₹		R: On the basis of examina										and menner as ets	ted.
	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUI						
TO BE	M. Teabelle VTa	e grego	2M)				01365					28,1996	6
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM			01.1			Lina			102126	
	31. DATE FILED (Month, Day, Year)		S ATUREM	210/4	10	UW	- TU 114	. 2 %	21111	1 10%	(E) V	102121	
	APR 01 1996	32. MEGIGTRAR'S S	latteres										



State of Maryland / Department of Health and Mental Hygiene

Physician
/Medical
Examiner

**Funeral** Director

death with the Marylend "natural", or items 23a or 28a-f ahor permit. Pages 1 and 2 should be filed within 72 hours after 0 Department of Health and Mental Hygiene. Important if New 27 is marked other than "natural" ~ 2000.

> Physician Examiner

burial-transit The law requires that the death certificate be executed Box 68760 physiclan the P.O. Š signed b Records. page 2 should Division of Vital Hospital or Attending Physician: this funeral After To the Hospital or Attendir within 24 hours after death.

To the Funeral Director: All completaly filled in by the fu death.

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death MORRIS CLARENCE Τ., MARCH 2:40 A 4a. Facility Nama (If not Institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE n/a ST. AGNES HOSPITAL Houra Min. 8. Deta of Birth (Month, Day, Year)

DCC. 21, 1937 If Under 1 Year 5. Social Security Number 7. Aga (In yrs. lest birthday) 9. Birthpiaca (State or Foreign Days 1 M 2 F unknown Yrs 58 unknown Usual Rasidenca of Dacedant 10a. Stata 10b Count 10c. City, Town or Location 10d. Inside City Limits Middle River Baltimore 1 ☐ Yas 2 X No Director Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? U.S.A. 21220 44 Oakgrove Drive-C Funeral 11. Maritai Status unknown 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas ≥ ☐XNo If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Marriad 2 Married White 1 ☐ Yas 2 ☐XNo Specify: by 3 Widowed 4 Divorced Completed Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade comp 16b. Kind of Businass/Industry completed) Elamantary/Sacondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Surname) Be unknown 2 unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) unknown unknown 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 Donation 5 Dothar (Spagin State rem. State Anatomy Board-655 W. Baltimore Street oseph B. Vansant 21201-1559 Baltimore, Maryland Part. Enter the diseasa, or complications that caused the daath. Do not enter tha moda of dying, such as cardiac or raspiratory arrest shock, or heart failura. List only one cause on each line. Approximata intarvai Batween Onsat and Death Immediate Cause (Final disaasa or condition rasulting in death) Examiner Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disaasa or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of) Part tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Dtd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown þ Completed 24a. Was an autopsy 24b. Wara autopsy findings completion of cause of death? Yas 2 No Yas 2□ No 25. Was casa rafarred to medical axaminar?
1 X Yas 2 □ No Be 26. Piaca of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 27. Mannar of Death 28a. Data of injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation 1/Di Naturai 1 ☐ Yas 2 ☐ No Accidant 6 Could not be datarminad 3 Suicida 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Madical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certifier Medicai O.C.M.E 29b. Signaturi and titla of certifian 29d. Data signed (Month, Dey, Year) MARCH 18,1996 111 Penn Street, Baltimore, Maryland 21201 and addrass of person who complated causa lock

32. Registrar's Signatura

Registrar

State

31. Data filed (Month, Dey, Yeer)

mrR 01

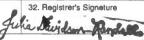
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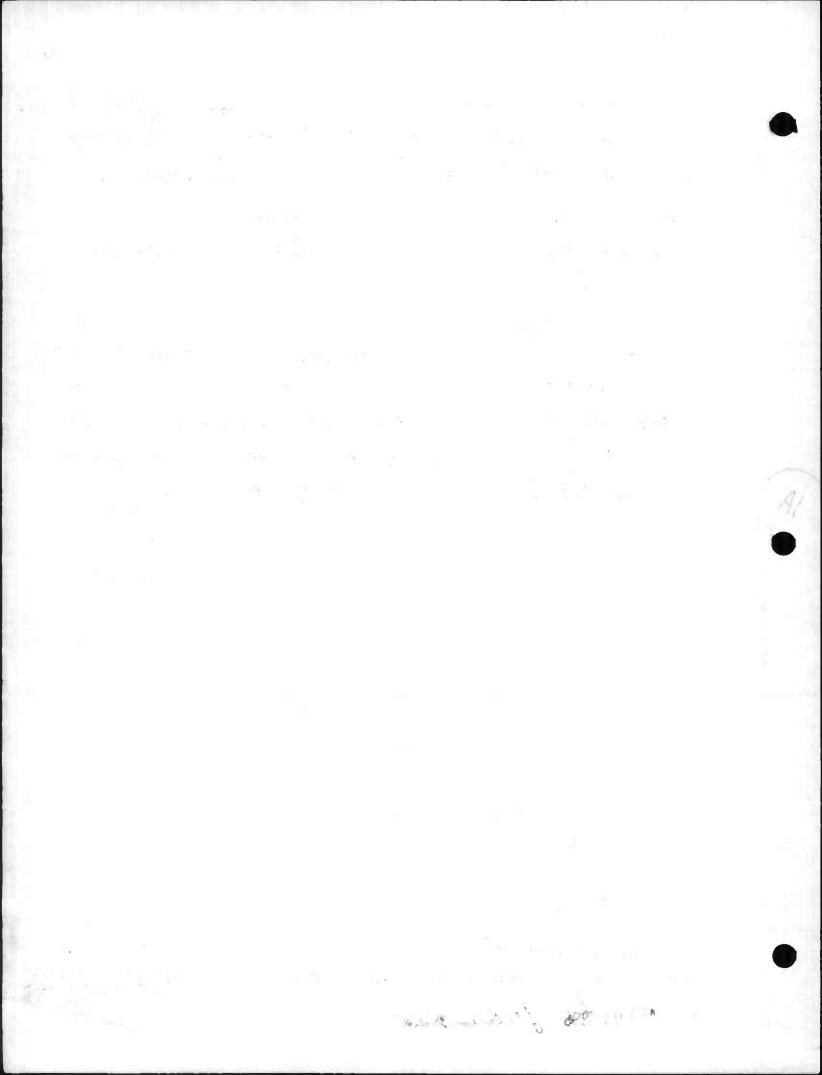
State of Maryland / Department of Health and Mental Hygiene 9 6

Registrar

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth Physician STEWART Month 4:03PM MCCORMICK MARCH /Medical 4e. Facility Neme (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner BAYVIEW HED CENTER BALTIMORE BALTIMORE JOHNS HOPKINS 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Under 1 Yaar If Undar 24 Hrs. Months Deys Hours Min. Birthplaca (State or Foreign Country) 8. Data of Birth (Month, Dev. Year) **Funeral** 10M 2□ F Director 217 38 5743 Feb. 5, 1943 New York Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ♥ Yes 2 No Director Maryland Baltimore n/a notifie 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? r than "natural", or items 23s or the Medical Examiner must be r 518 Robinson St. 21224 United States 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indien, Bleck, White, etc. 1 Nevar Married 2 Married 1 Yes 2000 of Yes, Give Yeer or Detas: 1 ☐ Yes 2 ☑ No Specify: p Specify White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Transport Co. / Cargo 10 Truck Driver 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surname) Pages 1 and 2 should be I sert of Health and Mental I ett: If Item 27 is marked of (Unknown) Lena Myers 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) if of Health If Item 27 is or other tra 518 S. Robinson St., Baltimore, MD Mary D. McCormick / wife 20b. Plece of Disposition (Nama of cematary, cremetory or other plece) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from Steta 4 ☐ Donetion 5 ☐ Other (Specify) 3/30/96 Baltimore, MD Green Mount Crematory 22. Nama and Address of Fecility CAFA Stephen D. Lohrmann P.A. 8717 Green Pastures Dr., Baltimore, MD 21286 marin 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or raspiratory arrest, shock, or hear feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel disaesa or condition resulting in deeth) 8 DAYS SEPSIS Examiner Due to (or es a consequence of): MONTHS HENAL FAILURE physician end Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequence of): MONTHS HEPATIC FAILURE Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): DIABETER MELLING Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ALCOHOL ABUSE, CIRPHOSIS, END-STACE 1 | Yee 2 | No 3 | Probably 4 1 Unknown b 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed CENAL DISEASE ON HEMODIALYSIS RESIRATORY FAILURE 1 Yas 2 □ No 1 ☐ Yes 2 No certificate Division of Vital 25. Was case referred to medical examiner?
1 ☐ Yes 2 ☒ No 28. Plece of Deeth (Check only one) Be Hospitel: 1 Suppatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Home 5 Residence 8 Othar (Specify) 28e. Dete of Injury (Month, Day Year) 27. Menner of Death 28b. Time of Certification: 28c. Injury at Work? 28d. Describe how injury occurred 1 Netural 5 Pending or Attending after death. Director: After 1 ☐ Yes 2 ☐ No Investigation 2 Accidant 6 Could not be determined 3 ☐ Suicide 28f. Location (Straat and Number or Rurel Routa Number, City or Town, Stete) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide To the Hospital of within 24 hours at To the Funeral D completely filled is 29a. Certifier 1 Certifying Phyelcian: To the best of my knowledge, daath occurred at the time, dete end piace, end due to the cause(s) end menner es stated. Medical (Check only one) 2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, deeth occurred at the time, deta and piece, and due to the cause(s) and menner stated. 29b. Signature and title of certiflar 29c. Licansa number 29d. Data signed (Month, Dey, Year) arolyn Hown 4D MARCH 27, 1996 96008 30. Name and address of person who completed cause of deeth (item 23a) (Type, Print)
CAROLYN HOWK MD JOHNS HEPKINS BAYVIEW YEDICAL CENTER 4940 EMSTERN AUE BALTIMONE, MD 21224

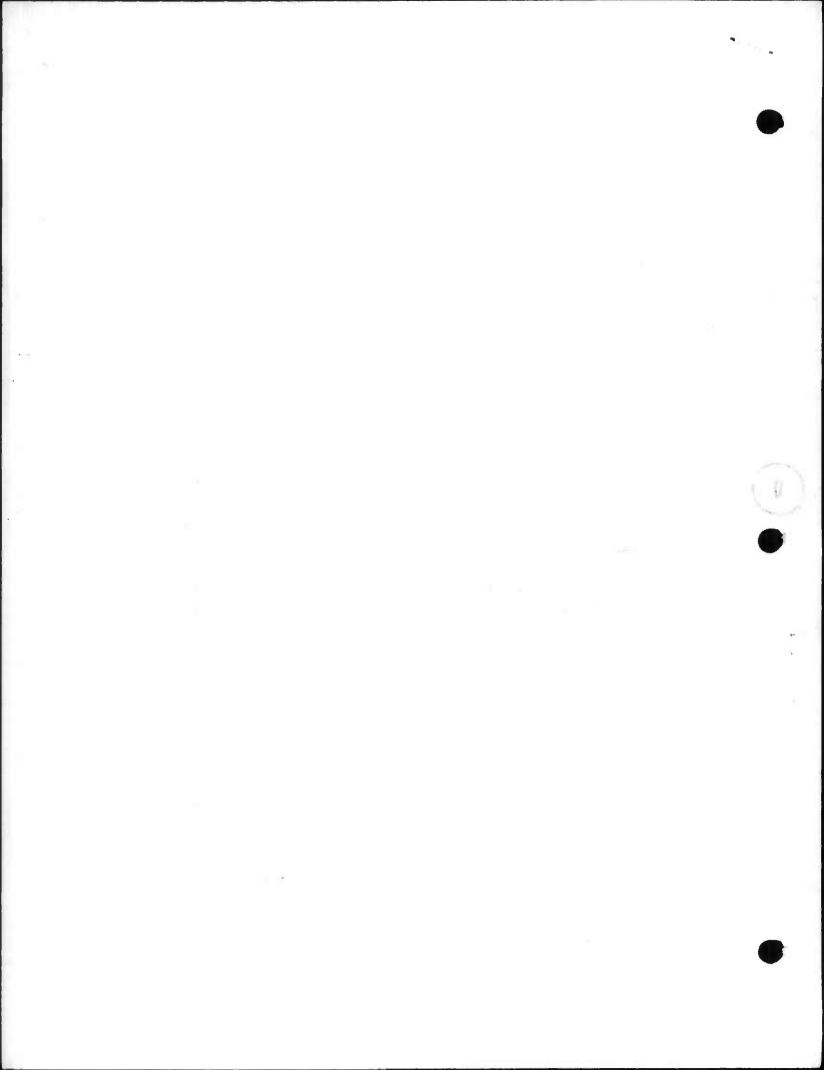
31. Dete filed (Month, Dey, Year) APR 01 1996





SALTMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTRENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	quires that the death certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nd, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law rec	TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of	IMPORTANT: If item 28 is marked, or Item 23 sh

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
120	MAUDE MACKAY					MARCH 25	1996	23.55P M
ě	ALL DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	'in yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign
	20 0000	1 🗆 M 2 🔀 F	84 YRS.	MONTHS DA	HOURS MIN.	September 14	4,1911 Mar	yland
OR	90. FACILITY NAME (If not institution, give street St. Agnes Hospital	et and number)			n or location of ltimore	DEATH	9c. COUNTY OF	
ECI	RESIDENCE OF DECEDENT  100, STATE  10b, COUNTY		100 CIT	Y, TOWN OR LO	CATION			
FUNERAL DIRECTOR		ltimore	1	atonsvil				10d. INSIDE CITY LIMITS?
AL.	10e. STREET AND NUMBER			T	10f. ZIP CODE		10g. CITIZEN OF	1 YES 2 X NO
ER	210 Newburg Avenue				21228		U.S	۸.
5		2. WAS DECEDENT EVER II			ECENDENT OF HISP	ANIC ORIOIN? (Specify Yes	or No.— 14. RAC	CE — Americen Indien, ck, White, stc.
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			ES 2 NO Spec	cen, Puerlo Rican, etc.)	215.7 -	ially:
	16. DECEDENT'S EDUCA'	TION	16a. DECEDENT'S	USUAL OCCUP	NTION	165 VIND OF BUIL	SINESS/INDUSTRY	White
COMPLETED	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of ville. Do NOT us	vork done during	most of working	160. KIND OF BUS	SIMESS/INDUSTRY	
필	12	00.00	Homemake:	r		Own He	ome	
S I	17. FATHER'S NAME (First, Middle, Last)			_		IAME (First, Middle, Maiden		
BE	Andrew Bryan McGeachie	9				MacGregor		
2	190. INFORMANT'S NAME (Type/Print)  A. Bryan MacKay					I Route Number, City or Town		
	28a. METHOD OF DISPOSITION	l an				ville, Maryla		
	1 Buriet 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ol from State	PLACE AND DATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STA	her place) LOCV Inc	. March 29,	1996 Cator	CATION — City or 1 INSVILLE, M	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICEN		0	22. NAME	AND ADDRESS OF	ACILITY		
	× K. ( ! /	0.76	X			ell C. Witzke Avenue Catons		
	23. PART I. Enter the diseases, or cor	nplicetions that caused	the death. Do n	ot enter the	node of dying, su	ich as cardiac or reapi	ratory arrest,	Approximate
	shock, or heart failure. Lis IMMEDIATE CAUSE (Fine)							Interval Between Onset and Death
	disease or condition resulting in death)	Cerehn	Vascelus	au	clear			2 hours
			CONSEQUENCE OF					20 years
NO N	Sequentially list conditions, b.	DUE TO COR AS	CONSEQUENCE OF	حـ				20 years
Ā	if any, leading to immediate cause. Enter UNDERLYING		TOTOLOGE OF	,-				
Ĕ	CAUSE (Diseese or injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF	):				
CERTIFICATION	reaulting in death) LAST							
AL C	PART II. Other significant conditions of	contributing to death b	ut not resulting i	n the underly	ing ceuse given i	n Part I. 24s. WAS AN		b. WERE AUTOPSY FINDINGS
						PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE
ME							25 1.0	OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIE	BUTE TO CAUSE O	F DEATH YE	S NO	☐ UNCERTA	IN 🗹		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	26. PLACE OF DEAT	H (Check only o	ne)			
Z	1 VES 2 NO 1	Inpatient 2 SER/Outp		4 - Nursing I		8 Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Year)	26b. TIMI	JRY	NJURY AT WORK?	26d. DESCRIBE HOW IN	NJURY OCCURED	
B	2 Accident Investigation 3 Suicide Part Could not be	28e. PLACE OF INJURY	— At home, term, a		YES 2 NO	281. LOCATION (Street a	nd Number of Rumi	Pourte Mumber
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Spec	ffy)	,		City or Town, State)	nd Humber of Hurer	Nobile Number,
	29a. CERTIFIER (Check only	N: To the best of my knowl	edge, death occurre	d at the time, d	nte and place, and du	re to the cause(a) and man	ner se stated.	
S O	one) 2 MEDICAL EXAMINER:							s) and manner as stated.
BEC	29b. SHONATURE AND TITLE OF CENTS HER	^			29c. LICENSE N	JMBER	29d. DATE SIONE	D (Month, Day, Year)
2	1secun 14 / years	nu nu			1)38	543	March	25,1996
	11. (11	COMPLETED CAUSE OF DE	TH (ITEM 27) (Type,	Print)	415 7	ALTIMORE,	11.	1 01226
	31. DATE FILED (Month, Day, Year)	( M) 9	KURE -	V AVG	me B	actinost 1	MARYLA	N) 61247
	APR n 1 1996 A	32. REGISTRAR'S SIGN	andelle					1
	THE TOTAL OF	- species	,					



Amended 3/29/96, g-733, Item #leh per fh
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 09290

			Cer	tificate of	Death	R	eg. No.	0 3 2 3 0
Physician	1. Decedent's Name (First, Middle, L	Fran	k /		-	2. Date of Deal Month		3. Time of Deeth
/Medical	1011CK	@ 81	Mo	ra	eer	13	27	90 120
Examiner						Location of Death	4c. County of	
	CHESAPEAKE HEALT		to at the total adversarial	If Under 1 Yeer	ARNOLD	e a Data d Dist	ANNE Al	
Funeral Director	218-10-3728	Sex. 7. Age (In yrs.	O Yrs.	Months Deys				9. Birthplace (State or Foreign Country) 1ARYLAND
and w	Usual Residence of Decedent  10a. State  10b. County	10c. Ci	ty, Town or Loc	ation				10d, Inside City Limits
Mary 1 sh	MARYLAND ANNE AR	IINDEI S	EVERN					1 ☐ Yes 2 🔀 No
with the Marylan is or 28a-f show be needed at	10e. Street and Number	CONDEL	LVERM	10f. Zlp Code		1	0g. Citizen of Wi	nat Country?
death with the Maryland ms 23a or 28e-f show matter notified at neral Director		OAD		21	144		U.S.A.	
ofter death v	11. Maritei Status	12. Wes Decedent Ever in U Armed Forces?	J,S. 13. W	/es Decedent of I	Hispanic Origin? (	Specify Yes or No- into Rican, etc.)	14. Race	American Indian,
Dy by	3 ☐ Widowed 4 ☐ Divorced	1 XYes 2 ☐ No If Yes, Give		☐ Yes 21 No		nto rnoan, etc.,	Specify:	White, etc.  WHITE
15-002 72 hours "natural",	15. Decedent's E	ducation	16a. Decede	ent's Usual Occu	pation	oddina	16b. Kind of Bus	
oe filed within 72 ho lat hygiene. I other than "natur: went, the Medical Hygiene.	Elementary/Secondery (0-12)	College (1-4or 5+)			during most of w			
id 212 filed withi Hygiene. with the	11	N/A	MAINTE	ENANCE C.	ARPENTER		ESSKAY N	
should be filed of Mental Hyg marked other imatic event,	17. Fether's Neme (First, Middle, Las ANTONTO	()	MADUO		10.10.4	ame (First, Middle, I	weiden Sumame	
Marylan d 2 should be th end Mental 7 is marked o	19a. informant's Name/Relationship	(Time Print)	MARUCO		CARMEL	LA Rural Route Number	City of Town C	IAMONICA
Ma d 2 s of 2 s of 2 s of 2 s of 2 s of 2 s	KATHERINE M. MARU					SEVERN, M		
other tr	20a. Method of Disposition	002		sition (Neme of satory or other pla				ity or Town, State
0 0 0	1 ☐ Burlal 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 🖾 Other (Speci	Tuellioval Itolii 2fafe		L CEMET		2/20/06B	DOOM! WY	DARK WD
Baltim permit. Peg Department Important: I any Injury o	21. Signature of Euneral Servica Lice	ENTOMBMENT				NGLETON F	IINFRAI I	PARK, MD
W SEES	1882.	5/6						MD 21061
	23a. Pert1. Enter the discorp, or conshock, or heart failure. List only	folications that caused the dea	th. Do not ente	r the mode of dyl	ng, such as cardi	ac or respiretory err	est,	Approximete
Physician	shock, of neer failure. List unit	one cause on each line.	1		7			Interval Between Onset and Death
/Medical	immediate Cause (Final disease or condition resulting in death)	Hente	Ke	ual	Fail	ure		3 Weeks
Examiner	1000000	e. Alute Chronic	or as a consequ	uenca of):	Faul	ere		3 Weeks
requires that the death certificate be executed requires that the death certificate be executed even signed by the ettending physician and hould be detached for use as the burial-transit eted by Physician/Medical Examiner	Sequentially list conditions,	b. — Due to (	or as a consequ	uenca of):				
fficate be exe physicien est the burial-		0						
rifficate being physicie es the bu	that initiated events resulting in death) Last	Due to (d	or as a consequ	ienca of):			-	
X 68		d						
Box eath ce for use								
P.O. BO) et the death ce d by the ettend etached for us.	Part II. Other significant conditions	contributing to death but not res	suiting in the un	derlying cause gi	ven in Part I.			ribute to the cause of death?
IS, P.C es thet the iigned by the be detach						_ 1 U Y	es 2∟No :	3 ☐ Probably 4 © Uakmown
of Vital Records, Physician: The law requires this certificate has been signeral director, page 2 should be care. To Be Completed by						24a. Was a		24b. Were eutopsy findings available prior to
law requires been as been as been properties						perfor	ned /	completion of cause of death?
Vital Record sician: The law requir certificate has been s lirector, page 2 should  Be Completed						1 □ Y	s 2 4 No	1 Yes 2 No
/ital					26. Piece of D	eath (Check only on	re)	
of Vita Physician: this certific ral director.	examiner?	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpatient	3□ DOA Ot	her: 4 [] Nursing	Home 5 ☐ Reside	ence 6 Other	(Specify)
On O ding Ph th. After th funeral		28a. Dete of injury (Month, Day Year)	28b. Time of injury	28c. inju Wo	ry at ork?	28d. Describe he	ow injury occurre	
Sio directle	2 Accident Investigation			M 1	Yes 2 □ No			
Division Carlos Certification:	3 Suicide 6 Could not to determined		ome, farm, stre	et, factory, office		28f. Location (Si City or Town		r or Rural Route Number,
n 2 n 2 plet	29a. Certifier 1 Certifying Pl (Check only 2 Medical Exa	hysician: To the best of my kno minar: On the basis of examine and manner stated.	owieage, death etion end/or inve	estigation, in my	me, aete end pied opinion, deeth occ	ca, and due to the co curred et the time, d	euse(s) and man ate and pieca, ar	ner as stated. id due to the cause(s)
To the comple				29c. Licen	se number	2	9d. Date signed	(Month, Day, Year)
	Whyha	My Actender	& Doct	v I	12168	84	3-2	8-86
6	30. Name and address of person who	completed cause of death (Item	m 23a) (Type, F	Print) Hw7	GLE	NBURN	12, 10	(Month, Day, Year) F - 86 21061-
State	31. Dete filed (Month, Day, Year)	32. Registrar's Signa	atura.		/			
Registrar	MAR 29 199	Section Chaire	Con-Hone					

1 19 1 HARLIS CLEAN OF THE

State of Maryland / Department of Health and Mental Hygiene

			tem#8,17,&19a film 1. Decedent's Nama (First, Middla, La		/96 ag	Cert	ificate of	Death	2. Deta of D			3. Tima of Death
н	Physic		Ralph Joseph	Mangin					Month	26,199	Yaar	11:30 P.1
	/Medi Examii		4a. Facility Nama (If not institution, gh					4b. City, Town, or I		1		
1	EAGITIII.		3621 Glenmore	Avenue				Baltimo	re City	N/A		
	Funeral				(In yrs. last b	irthday)	If Undar 1 Yaar Months Davs	if Undar 24 Hrs.		rth4/4/10 ay, Year)	9. Birth	placa (Stata or Foreign
L	Director		213-03-3796 Usual Rasidence of Decedant	1 DXM 2□ F	85	Yrs.	Months Days	Hours Min.	April	14,1910	Indi	
	yland		10a. Stata 10b. County		10c. City, Tov	vn or Loca	tion					10d. Insida City Limits
	e Me	cto	Maryland N/A		Balt	imor	e City	•				1X Yas 2 No
	中 6 28	Funeral Director	10e. Street and Number				10f. Zip Coda			10g. Citizan of	What Cou	ntry?
	23a	'a	3621 Glenmore Av	enue			2120	6		United :	State	es
	r dea	Inel	11. Maritai Status	12. Was Decedant E Armed Forcas?	var in U,S.	13. W	s Dacedant of I	Hispanic Origin? (S ban, Maxican, Puart	pecity Yas or N o Rican, atc.)	0- 14. Rac	e - Amari ck, Whita	ican Indian,
21215-0020	s 1 and 2 should be filed within 72 hours effer death with the Meryland If Heelth and Mental Hygiene. If leeth and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examinal must be notified at	þ	1 Nevar Marriad 2 Married 3 Widowed 4 Divorced	1  Yas 2 N If Yas, Giva Yaar or Datas:	0		JYas ŽŪ∭No			Specif		Vhite
5-0	72 h natu olical	Completed	15. Dacedant's E (Specify only highast gr	ducation ada completed)	166	. Deceda (Giva ki	nt's Usual Occu	petion during most of wor	king	16b. Kind of B	usinass/Ir	idustry
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	filed with Hygiene. ther than		10th Grade	1		Pri	nter	19 Mother's Nes	an /Circl Alidell	Newspay		
and	Mental harked of	Be	17. Fathar's Nama (First, Middla, Last Felix Unknown	MANGIN Magin				18. Mother's Nar	ua ( <i>First, Middi</i> Unkr		Juli	ian
2	should Ind Men	2	19a. Informant's Name/Ralationship (		10	h Madda	Address (Otron	t and Number or Ru				
Maryland	d2s than 7 is 1			NCIN								
	Heelth Heelth John 27		20a. Mathod of Disposition	agam / Warr	20b. Placa	of Disposit	ion (Name of	e Avenue,	Data Data	20c. Location		
more,	00 - 5		1 Nation 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Special			-	tory or other pla		2/20			
Ē,	Comfit Pag Department Important: It any injury o		21. Signatura of Funaral Sarvica Lice		Garue		l Falth	Cemetery				Maryland
ğ	2000		K.+11	100 100	1					Belair H		1 01006
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	/Medical		tmmediata Causa (Final	Cand	R	A A	108	-				acute
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	rificate be executed og physician and as the buriel-transit	Examiner	Sequantially list conditions.	b. 3000.	Dua to (or as a	conseque	ince of):	0000	1 002			0.000
0	e exe	E	Sequantially list conditions, if any, teeding to immadiate cause. Entar Undarlying Cause (Disassa or Injury that initiated evants				1				i	
68760,	sate b	edical	that initiated evants rasulting in death) Last	C.	Dua to (or as a	consequa	nce of):				1	
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Вох	The law requires that the death cer ate hes been signed by the attendir page 2 should be detached for use	Physician/M									Ì	
o.	the d	ysic	Part II. Other significant conditions of	ontributing to death bu	t not rasulting	in tha und	arlying cause gi	iven in Pert I.			-	to the cause of death?
٥.	that the ded by deta								1□	Yes 2□ No	Pro	obably 4 Unknow
Records,	uires sign	d by							24a. Wa	s an autopsy	24b. W	ara autopsy findings
00	beer v	lete							perf	ormed?	00	vailable prior to omplation of causa f death?
Re	The law	Completed							40	V., 000		
ta			25. Wes casa rafarred to medical					26. Place of Das		Yes 2 No	1	□Yas 211No
>	ysician: s certific director,	o Be	axaminar? ↓☑ Yas 2☐ No	Hospital: 1 Inpatlar	nt 2 ER/O	utnationt	3□ DOA Ot	hor		idence 6 Oth	or /Sneci	(6x)
0	Physer this erai di	-	27. Menner of Death	28a. Data of Injun	y 28b.	Tima of	28c. Inju			how Injury occur		197
0	ath. r: Afte	atio	1 Netural 5 ☐ Pending 2 ☐ Accident invastigation	(Month, Day	Year)	Injury		onk? ]Yes 2∐No				
Division of Vital	To the Hospital or Attending Physician: within 24 hours after death.  To the Funeral Director: After this certification properties of the funeral director, and the funeral director.	Certification:	3 ☐ Sulcida 6 ☐ Could not b 4 ☐ Homicida datarmined		ry - At homa, f (Specify)	arm, straa	t, factory, office		28f. Location City or To	(Street and Numb wn, Stata)	per or Rur	ral Route Number,
	Hospital 24 hours Funeral itely filled	edical C	29a. Cartifiar 1 Certifying Ph	yalclan: To the best of	f my knowladg	a, daath o	ccurred at tha ti	ima, data and place	, and dua to the	cause(s) and ma	annar as s	stated.
	within 24 To the F complete	pe	one)	and mannar stat	led/	IWOI IIIVa			riou at tha tima	, data and place,	and dua t	O tria cause(s)
	S T T T T T T T T T T T T T T T T T T T	Σ	29b. Signature and titla of certifiar		11.		29c. Licen	se number		29d. Data signe	d (Mogth,	Day, Year)
			* your	n yo		_	- 00	7 775		3/00	10	16
1	15		30. Nama and addrass of person who	complated causa of da	ath (itam 23a)	(Type, Pr	int)	. /	, ,	<i>A</i> .	1	
			31. Data filed (Month, Day, Year)		mon		9512	HARF	VRd,	Nd.		
	Sta Registr			A	r's Signatura	0 1 1						
DHI	MH 16 Rav 6/9		APR 0 1 19	Ap Astra of	INGUAC!	Un training					<u> </u>	

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death **Physician** Month Weldon Franklin 1600 march 27 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Nospital + Allston General Harford Co. Fallston If Under 1 Yaar H Undar 24 Hrs. 8. Dala of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days 1 M 2□ F Director 420-10-1206 Sept. 18, 1920 Alabama Usual Rasidence of Decedent the Merylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 Yas 2 No Director Maryland Harford Co. Jarrettsville 10e. Street and Number 10g. Citizen of What Country? Items 23a or 2361 Northcliff Drive U.S.A. Funeral 21084 should be filed within 72 hours efter death nd Mental Hygiene.

marked other than "natural", or flems 23 12. Was Dacedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Datas: 13. Was Decedeni of Hispanic Origin? (Specify Yas or No-II Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whita, etc. 11. Marilal Stalus 1 Never Married 27 Married imore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: White þ 3 Widowed 4 Divorcad Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collage (1-4or 5+) 12 02 Assistant Director Manager 17. Father's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Sumama) Be If item 27 is marked or Peges 1 and 2 should be Daniel Curtis Nix Mishie Ann Brooks 19a. Informani's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Betty Jo (nee White) Nix (Wife) 2361 Northcliff Drive Jarrettsvill, Maryland 21084 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal Irom State important: I any injury o 4 ☐ Donation 5 ☐ Other (Specify) St. James Episcopal Ch. Cem. 3/30/96 Monkton, Maryland Jeffrey L. Gair 22. Name and Addrass of Facility e 21. Signature of Funaral Service Licensee Ruck Towson Funeral Home, Inc. 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Ag Approximate Interval Between Onset and Death **Physician** Immediete Cause (Final disaase or condition resulting in daath) /Medical Examiner years The law requires that the deeth certificate be executed attending physician and for use as the buriel-transit Sequentially list conditions, if any, laading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lasi **Physician/Medical** certificate has been signed by the injector, page 2 should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 210 No 3 Probably 4 Unknown à Completed 24b. Were autopsy lindings available prior lo 24a. Was an autopsy completion of cause of death? 2 0 No 1 Yes 1 ☐ Yes 2 No 25. Was casa raierred to medical examiner? or Attending Physician: Be 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yas 2 No 2 1 ☐ Inpatient 2 DER/Outpatient 3 ☐ DOA this 28c. Injury at Work? Certification: 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred After 1 Delatural 2 Accident 5 Pending Investigation 6 Could not be determined 3 T Suicida 28e. Placa of Injury - At home, farm, straet, factory, office building, etc. (Specify) 28I. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide

Box 68760, Division of Vital Records, P.O. s after dea. within 24 hours a
To the Funeral I
completely filled To the Hospital

State Registrar

Medical

(Check only one)

29b. Signatura and title of certifier

30. Name and addrass of person who completed cause of death (flem 23a) (Type, Print) 31. Dete liled (Month, Day, Year)

SSMER MD, 104 Plumtree Rd, Suite 110, Bel Air MDZ1015 32 Registrar's Signatura

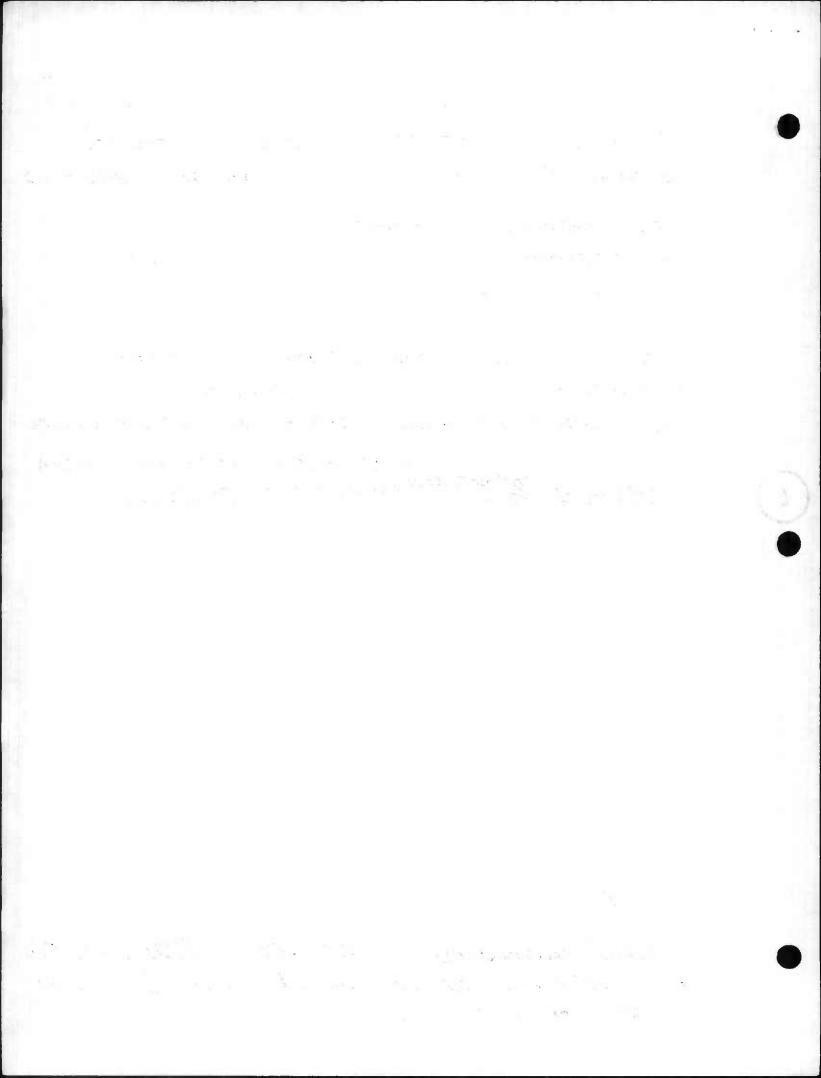
Jula Davidoon

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and menner stated.

29c. License number

32288

29d. Date signed (Month, Day, Year)



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 09293

						Cert	ificate of	Death		R	eg. No.	, ,	2 60	
	Physic	ian	1. Decedent's Name (First, Middla	Last)						2. Date of Deat	th	Yeer	3. Tima of	
	Physic /Medi		WILLIAM		NA	SH				MARCH	27', 1	996	4:05	PM
k.	Exami	ner	4a. Facility Nama (If not institution, 1102 DRUID	give street and number) HILL AVE	Ε.			В	ALTI	MORE	4c. County		T/A.	
	Funeral Director		215-12-5151	6. Sex 7. Ag	e (In yrs. last b 72.		If Under 1 Year Months Days	marketing of the Company	Min.	8. Data of Birth (Month, Dey May 19	Yaar)	Coun	olace (Stete or otry) MD	r Foreign
	Marylend f show	tor	Usual Residence of Dacedent  10a. Stata 10b. County  MD n/	2	10c. City, To		ation ltimor	2				10	0d. Insida Cit	
	3a or 28a	i Director	10e. Street and Number 1102 Druid H			Da.	10f. Zip Code 2 1 2 1 7	<u> </u>		1	0g. Citizan of V USA	Vhat Coun	itry?	
21215-0020	d within 72 hours after death with the Maryland liene. I than "natural", or fleme 23a or 28a-1 show the Madical Examiner must be notified at	by Funeral	11. Meritel Status 1 □ Navar Married 2 □ Marrie 3 □ Widowed 4 類類vorced	12. Was Decedent I Armed Forces? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10		as Decedant of Yes, specify Cul		gin? (Spe	ecify Yas or No- Rican, etc.)	Bled	e - Americ ok, White, a	atc.	
5	72 ho	Completed	15. Decedent' (Specify only highest	s Education grade completed)	16	(Give ki	nt's Usuai Occu	during most	t of worki	na	16b. Kind of Bu	usiness/Inc	dustry	
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Baltimore,	permit. Pages Department of Important: If it any injury or once.		21. Signature of Funeral Service L	Icensee	+ carr	22. J a	Name and Addr	ass of Facilit	on (	& Sons	Funer	al H		5 / 11)
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	Medical be executed ling physician and ling physician and es the burial-transit	al Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury	b	Due to (or es e	consequ	ence ot):	liovas	scul	ar Dis	sease			
0	ding 150 est	n/Medical	that initiated events resulting in death) Last	d	Due to (or as e	conseque	ence of):			1200				
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ř	0 - 0	E O								1 🗆 Y	es PANO	10	JYes 2□I	No
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6	Physician: this cartific ral director,	2	1X Yes 2 No	Hospital: 1 Inpatie			3LI DOA			me 5X Reside			y)	
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2			4 ☐ Homicide datermin		ery - At home, t :. (Specify)	arm, stree	et, fectory, office			28f. Location (Si City or Town		er or Rura	I Route Numb	ber,
	To the Hospital or within 24 hours efte To the Funeral Dir completely filled in	ledical		Phyelcian: To the best of examinar: On the basis of and manner sta	examination a									)
	within 2	W	29b. Signature and title of certifier	I Chut	mo	,	C	.C.M.	Е.		9d. Date signe MARCH			
	<u>)</u>		30. Name and address of person your Dennis Chute	M.D.	eath (item 23a)	(Type, Po	enn Str	eet,	Bal	timore	, Mary	ylan	d 212	01
þ	Sta	ite	31. Date filed (Month, Dey, Year)	32 Registre	r's Signature									

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 09294 State of Maryland / Department of Health and Mental Hygiene 90 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death MILDRED. M. Month OLDEWYRTEL 1:48 pm 3 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death BALTIMORE 1928 OXLEY BALTIMORE MD BALTIMORE 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Deta of Birth (Month, Dev. Year) Oct. 31, 1925 5. Social Sacurity Number Birthpieca (State or Foreign Country) 1 M 2 F 213-20-9428 Usuat Residence of Decedent 10a State 10c. City, Town or Location 10d. Inside City Limits MD 1 ☐ Yes 2 🕱 No BALTIMORE BAUTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1928 OYLEY RD 21222 USA 12. Was Decedent Ever In U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 11. Marital Status 1 Never Married 2 Married 1□ Yas 2□ No WHITE 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry College (1-4or 5+) UNRNOWN Elementary/Secondary (0-12) unknown unknown unknown 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Sumama) Jennie Yingling William Brown 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Edward Oldewurtel/unknown 1928 Oxley Road-Baltimore, Maryland 21222 20b. Piece of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removet from State 4 ☐ Conation 5 ☐ Other (Specify) 21. Signeture of Funeral Sarvice Licansaa 22. Name end Address of Facility State Anatomy Board-655 W. Baltimore Street B. VanSant Baltimore, Maryland 21201-1559 fart 23a. Pertt Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart feiture. List only ona cause on aach lina. Approximata Interval Between Onset and Death Immediate Cause (Final disaese or condition rasulting in death) CANCER OF THE LUNG. MONTHS ACUTE MYOCARDIAL , NFARCT, ON 1 MON MI Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last Due to (or as a consequence of) Due to (or as a consequence of) Part fi. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown OBSTRUCTIVE LUNG DISEASE CHRONIC 24a. Was an autopsy performed? 24b. Were autopsy findings svailable prior to completion of cause of death? PNEUMON, A 1 Yes 2 No 1 ☐ Yea 2 ☐ No 25. Was casa referred to medical axamtner? 26. Piaca of Death (Check only ona) Hospitei: 1 Yes 2 No Other: 4 Nursing Home 5 Presidence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Ptace of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Cartifying Phyaicfan: To the best of my knowledge, death occurred at the time, dete end pieca, and due to the cause(s) and mannar as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and manner stated. 29a. Cartifier (Check only one) 29b. Signature and title of certified 29c. License number 29d. Date aignad (Month, Day, Year) DHYSICIAN

State Registrar

**Physician** 

/Medical

**Examiner** 

Director

Funeral

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Completed

**Funeral** 

Director

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permit. Pages 1 and 2 should be filed within 72 hours efter death with I Department of Health end Mentel Hygiene.
Important: If item 27 is marked other than "natural", or items 23s or 2 and highly or other traumetic event, the Medical Example Trausible in once.

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Division of Vital Records, P.O. Box 68760,

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Examiner

Physician/Medical

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Baltimore, Maryland 21215-0020

31. Data fitad (Month, Day, Year)

APR 01

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

B. C. VENERACION JR MD 1576 MERRITT BLUD, BALTO, MD 21222 32. Registrer's Signature

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed was recommended from the figure of gray be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comments in the time from director, page 5 should be detached to the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment	be nied within 72 hours after beam with the State Dept. Of health and mental hygiens prior to bend, comment in	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. lesi		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)
- ji	215 34 8763	1 □ M 2 X F 57	YRS.	THS DAYS	HOURS MIN.	April 17,1		Maryland
~	9a. FACILITY NAME (If not institution, give stre				R LOCATION OF DE		9c. COUNTY (	OF DEATH
ğ	RESIDENCE OF DECEDENT	EMORIAL HOSE	THAL	BALT	IMORE	ECITY		n/a
DIRECTOR	10a. STATE 10b. COUNTY Maryland	n/a	10c. CITY, TO	WN OR LOCAT	ltimore			10d. INSIDE CITY LIMITS? 1X YES 2 NO
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
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ON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden :		
BEC	John		Tu11		Patric	ia	(	Gadd
10	190. INFORMANT'S NAME (Type/Print) Robert J. O'Reill					na, FL 334		0)
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	4 Donation 5 Other (Specify)	Green	Mount	Crema	tory 4/	1/96	Balt.im	ore. MD
	21. SIGNATURE OF PUMERAL SEPTICE, LICE	Lunaum		CAFA	od address of fa Stephen	<sub>скіту</sub> D. Lohrman	n P.A.	more,MD 21286
	23. PART i. Enter/the diseases, or co	omplications that caused the de lat only one cause on each line	eth. Oo not	enter the mo	de of dying, suc	h as cardisc or respi	ratory arrest,	Approximats interval Between
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	resulting in death)	DUE TO (OR AS A CONSE	OUENCE OF):	7 3.1				11
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ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECU	OUENCE OF):					
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MED								OF DEATH?
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CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLAC HOSPITAL:	CE OF DEATH (	Check only one)				
YSI		Inpatient 2 ER/Outpatient 3	DOA 4	Nursing Hon		6 Other (Specify)		
ву рн	27. MANNER OF DEATH  S Pending investigation	28e. DATE OF INJURY (Month. Day, Year)	28b. TIME O		PRK?	28d. DESCRIBE HOW II	NJURY OCCURE	.D
ED	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, atre	rt, fectory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,
COMPLET	onel	CIAN: To the best of my knowledge, de						use(a) and manner as stated.
	29b. SIGNATURE AND ITTLE OF CERUS IN				29c. LICENSE NUI	MBER		NED (Month, Day, Year)
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31. DATE FILED (Month, Day, Year)
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32. REGISTRAR'S SIGNATURE
MINISTER APPRIL

Baltimore

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State of Maryland / Department of Health and Mental Hygiene Q 6

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			Certificate of	Dealli	Re	g. No.			
	1. Decedant's Nama (First, Middla, Last)				2. Data of Death			3. Time of De	
an	HARLEY	BRADLEY	PERK	INS	MARCH 2	7 <sup>Day</sup> 1	9 9 <sup>8</sup> 6′	05:55	P
her	4a. Facility Nama (if not institution, giva st	reat and number)		b. City, Town, o	Location of Death	4c. Coun	ty of Death	1	

/Medi Exami

**Physic** 

**Funeral** Director

the Maryland must be notified at filed within 72 hours after death with

Pages 1 and 2 should be filed within 72 hours after deal near of Health and Mental Hygiene.
Int. If Item 27 is marked other than "natural", or items: Int yor other traumatic event, the Medical Examination in

more, Maryland 21215-0020

P.O. Box 68760,

Records,

Division of Vital

Physician /Medical Examiner

The law requires that the death certificate be executed burial-tran and physician s the burial d for use es t sign. director, page 2 should certificate or Attending Physician: After this To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral of

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Certification:

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MA BALTIMORE If Undar 24 Hrs. 8. [ GAY and PRESTON STREET N/A If Undar 1 Yaar 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 9. Birthplaca (Stata or Foreign Country) **№** M 2□ F Days Yrs. 28 219-02-2896 Md. Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits Director 1 Yas 2 No Baltimore Parkville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6621-B Glenbarr Ct. 21234 U.S.A. Funeral 12. Was Decedent Evar In U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status Navar Married 2 Married 1 □ Yas 25 No If Yas, Giva Yaar or Datas: 1 ☐ Yas 2 ♥ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/industry Elamentary/Secondary (0-12) Collega (1-4or 5+) 4 Student University 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middle, Maidan Sumama) Be Harley Perkins Gloria Manderbach 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mr. Harley Perkins 19 Sunnyvale Ct. Cockeysville, Md. 21030 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 1⊠ Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Dulaney Valley Mem. Gdns. 3/30/96 Timonium, Md. 21. Signature of Funarai Sarvice Licensee 22. Nama and Addrass of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 2120 21204 11. Enter the diseasa, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Bet Onset and Death Multiple Injuries

Dua to (or as a consequence of): immediate Cause (Final disaesa or condition rasulting in death) Sequantially list conditions, if any, leading to immediata cause. Entar Undarlying Cause (Disaasa or Injury that initiated events resulting in daath) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? 1 Yas 2 □ No 25. Was casa rafarred to medical 28. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence Other (Specify) SCENE 15 Yas 2□ No 28c. Injury at Work? 27. Mannar of Death 28a. Dete of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred injury 0530 1 Neturel 5 Panding Invastigation 3-27-96 1 Yas 2 No Pedesman Struck by ran 2FP Accident 6 Could not be datarmined 3 ☐ Sulcida 28a. Placa of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide Jun and Preston tran train Macks 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

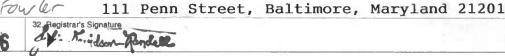
Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifiar (Check only one) 29b. Signatura and title of certifian 29c. License number 29d. Data signed (Month, Day, Year) O.C.M.E. MARCH 27, 1996 30. Nama and address of person who complated causa of deeth (item 23a) (Type, Print)

State Registrar 31. Data filed (Month, Day, Year)

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Funeral Director	1 Nevar Married	2 Merried	Armed Forcas?	No No	13. Was Decedant of If Yes, specify Cut	oan, Maxicen, Puart	o Rican, etc.)	) 14. N	lack, Whita,	
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To Be	Genale	Dorte	inc			11.	/	ew is	arrio/	
F	19e. Informant's Name/F	Relationship	(Type, Print)	19b. N	Malling Addrass (Stree	MINEY O			m, Stata, Zip	Code)
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	21. Signature of Funaral	Sarvice Lice	ensee		22. Name and Addr	ass of Fecility				
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				na.	•	arg, soon as ceroiac	or raspiratory a	11001,		Approximata Interval Between Opent and Death
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PNEU  b	Dua to (or as a condition of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of my knowledge, december 2 of m	atient 3 DOA of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of	26. 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PNEU  b	Dua to (or as a condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the conditi	atient 3 DOA of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of	26. Place of Deather: 4 Nursing Hary at place, opinion, death occurs a number	23b. Did 1	tobacco use of Yee 2 No an autopsy primed?  Yas 2 No ona)  dence 6 Chow Injury occ how Injury occ and Nurwin, Stata)  cause(s) and idata and place 29d. Data sign	24b. We ave coof of the arred when are as at a and due to med (Month,	o the cause of de bebty 4 Unku ere autopsy findin allable prior to impletion of cause death?  Yas 25 No  27 No  28 Route Number, tated.  to the causa(s)  Day, Year)

DHMH 16 Rev 6/95

FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,		-							2. DATE OF DEATH		WF48	3. TIME OF DEATN
	Margueri		usta Pou							March 28,	1996	YEAR	12:30 A
	4. SOCIAL SECURITY NUMB	E14	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Countr	PLACE (State or Foreign
	219-28-851	-	1 M 2 F	85	YRS.						1910	Pen	nsylvania
œ			treet and number)			9b. CITY	•	OR LOCATI		EATH		O + :	
6	1532 Rita R	EDENT					vun	dalk			Ба	ltimo	ne
DIRECTOR	Maryland	Balt	imore			rv, town o Dunda		TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
AL	10a. STREET AND NUMBER						10	. ZIP COD	E	1 9 1	10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	1532 Rita 1	Road						2	1222	?	Unit	ted S	tates
	11. MARITAL STATUS  1 Never Married 2 💢	Married	FORCES?	IT EVER IN U.S. AR	MED	- 2	If yes, sp	ecify Cube	in, Mexico	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	or No-	14. RACE Black	— American Indian, , White, atc.
84	3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES			1 TYES	2 NO	Specif	y:		Speci	" White
ED		EDENT'S EDU		16a. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b, KIND OF BU	SINESS/INI	DUSTRY	
COMPLETED	1 D years		College (1-4 or 5	+)	us eu	work done ise retired.)	aunng m	ost or workii	ng	Own Ho	ome		
Ö	17. FATNER'S NAME (First, Mi									ME (First, Middle, Maiden	Sumame)		
BE	Henry Jul		imm							a Williams			
5	Thomas H.		l							more, Mary			22
	20a. METHOD OF DISPOSITI 1 Burlel 2 Crematio 4 Donation 5 Other	ON n 3 🗆 Rem (Specify)	oval from State	20b. PLACE	AND DATE	OF DISPOS	tery	ame of	3	DATE 20c. LO	ecation —	City or To	wn, state Maryland
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE					ND ADDRE	SS OF FA	CILITY			
	1	X se	and		- 4	79	da-1 22 U	lise	tune Aver	eral Home o rue Dundal	ek. N	ndal Iaryl	k, 1nc. and 21222
	23. PART i. Enter the di shock, or he	seasea, Dr c eert fallure.	complications the List only one can	st caused the de use on each line	eth. Do	not enter	the mo	de of dy	ing, suc	h aa cerdiac or resp	iratory ar	rest,	Approximate interval Between
- 1	IMMEDIATE CAUSE (Fin disesse or condition	ai	4										Onset and Death
	resulting in death)	7	a. OUE TO	OF AS A CONSE	DUENCE C	)f):							1
Z	Sequentielly ilst conditi		-	COR AS A CONSE									,
CERTIFICATION	if any, leading to immed cause. Enter UNDERLYi	diate				OF):							
FIC	CAUSE (Disesse or inju		c. DUE TO	PIRATIO	OUENCE C	DF):							1
E	resulting in death) LAS	т	d.										
2	PART II. Other significe	nt condition	e contributing to	death but not a	acultina.	In the re	حارباء اندان		olice le	Post I as use to			
MEDICAL		SNIIA		death but not i	esuiting	iii the ui	ideriyiii	g couse	diseu iu	PERFO	RMED?	240.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
	NZI-V.	2/01/1/1	<u> </u>							T TYES	DA NO		OF DEATN?
-										—			1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						LACE OF D	DEATH (Ch	neck only one)			
YSI	1 TES 2 NO		HOSPITAL:	ER/Outpetient 3	□ DOA	4 Nu		10 5 MR	esidence	6 DOTher (Specify)			
PH	27. MANNER OF DEATN  1 Netural 5	Pending	28e. DATE DI (Month, L	FINJURY Day, Year)	28b. TII	ME OF JURY	WC	JURY AT ORK?		28d. DEŞCRIBE NOW	INJURY OC	CURED	
B	2 Accident	Investigation	200 DI ACE /	SE IN HIEW A. L.		M		YES 2	NO				
TED		Could not be determined	building	OF INJURY — At he , atc. (Specify)	me, term,	atreet, rec	tory, affic	:•		28t. LOCATION (Street City or Town, State,		r or Rural F	loute Number,
COMPLETED										to the cause(s) and ma time, date and place, as			) and manner ee stated.
	296. SIGNATURE AND TITLE								ENSE NU				(Month, Day, Year)
) BE	Com A	Lever	· MD.					1	148	136	•	3/2	8/91
2	30. NAME AND ADDRESS OF			SE OF DEATH (ITE								416	
		I. Have		Very	Bal	time	15	MID	. 21	1212			
	31. DATE FILED (Month, Day, APR 0	1 1996	32. HEQUSTRA	Mydron A	Indell	2							

BALTHWORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Journ Pres. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

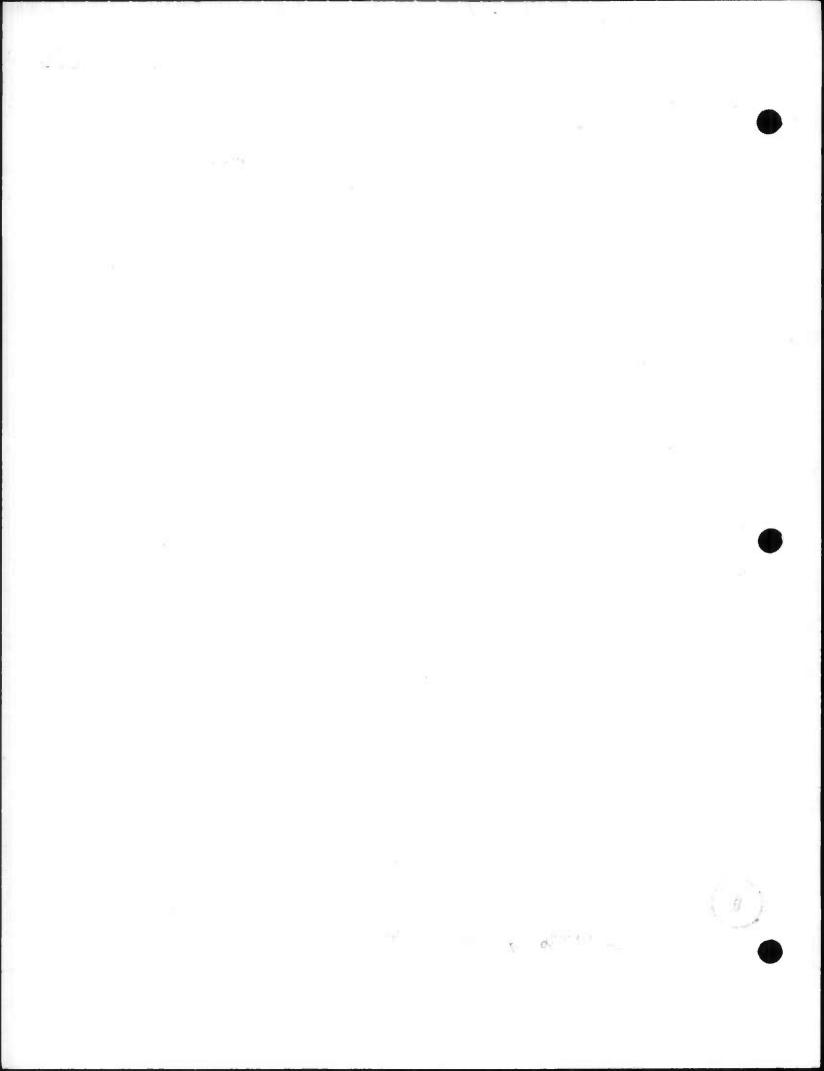
THE HORPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

WHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

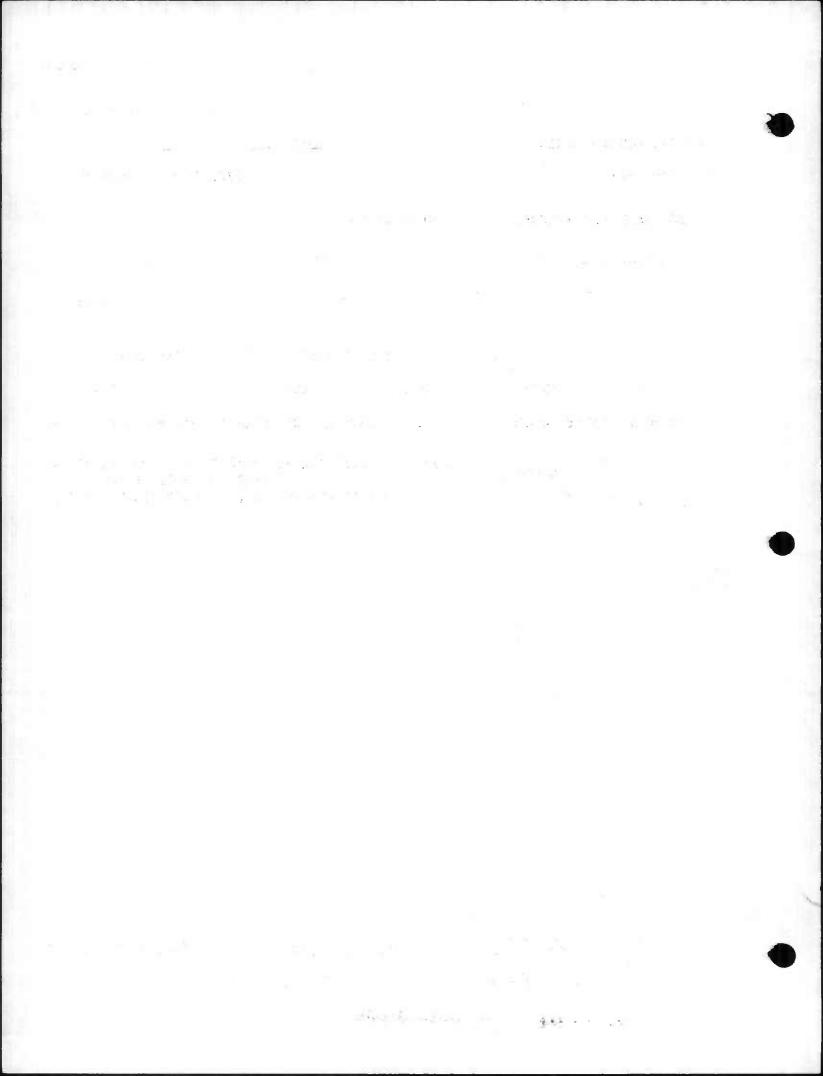
STATE	0F	MARYLAND	DEPAR	RTMENT	0F	HEALTH	AND	MENTAL	HYG	IEN
		C	ERTIF	ICATE	OI	F DEAT	H		REG	NO

	1 - FOR STATE OF MAR	RYLAND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIENI	E	
	1. DECEDENT'S NAME (First, Middle, Last)	OEM III	AIL OF BLATT	2. DATE OF DEATN		3. TIME OF DEATN
	Melvin K. Piotrowski			March 2		9:40 A m
	4. SOCIAL SECURITY NUMBER 5. SEX 6. /	AGE (In yrs. lest birthday)	F UNDER 1 YEAR   IF UNDER 24 HRS.	7 DATE OF BIRTH		IPLACE (State or Foreign
	218-09-3504 1 XM 2 F	77 YRS.	ONTHE DAYS HOURS MIN.		919 Mary	iland
l ac	Union Memorial Hospit		Baltimore		9c. COUNTY OF D	
ᅙ	RESIDENCE OF DECEDENT	aı	Daitimore (	CICA	N/A	
S S	10a. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY
FUNERAL DIRECTOR	Maryland N/A	Balt	imore			LIMITS?
A A	10a, STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF V	WHAT COUNTRY?
띨	3639 Lyndale Avenue		21200	21213	U.S.8.	U.S.A.
5	tt. MARITAL STATUS  12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECENDENT OF NISP	ANIC ORIGIN? (Specify Yes	or No- 14. RACE	— American Indian,
BY	1 Never Married 2 Married FORCES? 1 FYES, GIVE WAR (		If yea, specify Cuban, Maxi 1  YES 2 X NO Spec		Specif	
	WW					WIDOLE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
Ä	Elementary/Secondary (0-12) College (1-4 or 5+)		eurea.)	0 :0 -	,	
<u>×</u>	8th grade 17. FATNER'S NAME (First, Middle, Last)	Printer		Daily R		
ဗ				AME (First, Middle, Melden S	Surname)	
BE	Kasimir Piotrowski		Anna Re			1771
2	7		ORESS (Street and Number or Run			
ľ	Anna C. Piotrowski (Wife)		ndale Avenue,			
	20a, METHOD OF DISPOSITION 1	20b. PLACE AND DATE OF I Competery, crematory of other POLICE OF C	DISPOSITION (Name of place)		CATION — City or To	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE	rwikwood C	emerery	3/30 Balt	imore, M	arykana
	D. J. M. J. D. G.	$\cap$	SCHEMUNER FUN	ieral Home		40.7
	Moles Misaciack		3331 Brehms L	ane, Baltim	nore, Mar	yland 21213
	23. PART I. Enter the disease, or complications that ca shock, or heart value. List only one cause of	used the deeth. Do not	enter the mode of dying, su	ich as cardiec or respir	ratory srrest,	Approximate
	IMMEDIATE CAUSE (Final					Interval Between Onset and Death
	disesse or condition resulting in death)	Sepsis				1 mesk
		AS A CONSEQUENCE OF):				T W CCA
Z	Sequentially liet conditions,					
CERTIFICATION	if any, leading to immediate	AS A CONSEQUENCE OF):				
3	cause. Enter UNDERLYING CAUSE (Disease or injury					
E	that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):	Colon Co	200:00.		2 Years
览	d.   C	asialic	Colon C	arcinomo	_	~ /ears
AL	PART II. Other aignificent conditions contributing to dee	th but not resulting in t	he underlying cause given i	n Part I. 24s. WAS AN A		WERE AUTOPSY FINDINGS
2		ease		PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1 1 YES 2	□ NO	OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSI	OF DEATH YES	□ NO □ UNCERTA	IN IN		1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (		114 22		
S	EXAMINER?  1 YES 2 NO HOSPITAL:  1 // Inpetiant 2 ER/		THER:  Nursing Home 5 Residence			
Ŧ	27. MANNER OF DEATH 28a. DATE OF INJU	RY 28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
	1 Netural 5 Pending (Month, Day, Ye	er) INJUR	WORK?  M 1 YES 2 NO			
ВУ	2 Accident Investigation 3 Suicide 8 Could not be huilding etc.	URY At home, farm, atre-		281. LOCATION (Street an	nd Number or Surel B	nute Number
9	4 Homicide determined building, etc. (	Specify)		City or Town, State)		
COMPLET	29a. CERTIFIER					
MP	Check only 1 CERTIFYING PHYSICIAN: To the best of my le (Check only 1 One) 2 MEDICAL EXAMINES: On the basis of avantee					
8	one) 2 MEDICAL EXAMINER: On the bada of axamir	etion and/or investigation, i	n my opinion, death occured at th	e time, data and place, and	due to the cause(a)	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF DERTIFIER	MA	29c. LICENSE N		29d. DATE SIGNED	
2	tra James	11.0.		5071	Mard	1,27,1996
)	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF 201 E. University DKW			18 0.	na Dar	
8 ]		/ , Dallimo	re, MD 212	18 11	na Dar	MIZN
	31. DATE FILED (Month, Day, Year)  32. REGISTRAP'S S  WAR 2 9 1996	HIGHATURE Randelle				
	MAK 6 0 1330					



Amended 3/29/96, g-733, Item #1eh
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.
State of Manyland / Department of Health and Mental Hydiana O. C.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be associated with the	75
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	Ĭ	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely they within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to thurist, cremation, a

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH JAMES RICHARDSON 12:00P MARCH 28 996 4. SOCIAL SECURITY NUMBER BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 X M 2 - F DAYS HOURS 218-05-3798 VRS 78 October 10. 1917 North Carolina 9a. FACILITY NAME (If not Institution, give street 9b. CITY TOWN OR LOCATION OF BEATH 9c. COUNTY OF DEATH DIRECTOR Charlotte Hall Veteran's Home St. Mary's Charlotte Hall RESIDENCE OF DECEDENT 10b, COUNTY IDC. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland St. Mary's Charlotte Hall 1 YES 2 X NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? Rt. 2 Box 5 Charlotte Hall Veteran's Home 20622 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Il yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TES 2 NO Specify: ΒY 3 Widowed 4 Divorced WW II Whi te COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify Elementary/Secondary (0-12) College (1-4 or 5+) 10 Production Automobile Manufacturing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME /First Middle Meiden Sumama Ħ Charles J. Richardson Anne E. Spence notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Inez Mae Drake 717 Maiden Choice Lane Apt. #409 Baltimore, Md. 21228 Pe 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Parkwood Cemetery 4 Donation 5 Other (Specify) 4/1/96 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna 22. NAME AND ADDRESS OF FACILITY
Leonard J. Ruck, Inc. mark T. gangon 5305 Harford Road Baltimore, Md. 21214 23. PART i. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition a. CEREBRO VASCULAR ACCIDEM

DUE TO (OR AS A CONSEQUENCE OF): WEEK event, reaulting in death) ATHEROSCI PROTIC CARDIO VASCULAR DISMASS CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? COLON (ANCAN 1 YES 2 NO ORGANIC BRAIN STADROMY-1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only or HOSPITAL: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27, MANNER OP DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 CHatural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY --- At home, farm, street, factory, offica building, etc. (Soecify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERAL
BE filed within 72
IMPORTANT: If stion and/or investigation, in my opinion, death occured at the time, data and place, and dus to the cause(s) and menner as stated. 29b. SIGNATURE AND BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) MARCH 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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31. PATE FILED (Month: Day, Year)
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	215→28→4624	5. SEX	6. AGE (In yrs. lest	YRS. MONT	HE DAYS	HOURS	MIN.	7. DATE C (Morth, NOV.	Day, Year)	1931	Country	ryland	areign
	9a. FACILITY NAME (If not institution, give	street and number)		9b. (	CITY, TOWN					9c. COUN	ITY OF DE	EATH	
013	Mercy Hospital				Balti	more	Cit	y		1 1	V/A		
DIRECTOR	10a. STATE 10b. COUN			10c. CITY, TOV	VN OR LOCA	TION						10d. INSIDE CITY LIMITS?	
	Maryland	Baltim	ore		10	. ZIP COD		uddle	Rive		ZEN OF W	1 YES 2X	NO
FUNERAL	3729 Chestnut Ro	oad				212	20			Uni	ted	States	
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בה	15. DECEDENT'S ED (Specify only highest gra-		16a, DE (Gi	CEDENT'S USUA ive kind of work d Do NOT use retin	L OCCUPATI	ON ost of workli	19	16b.	KIND OF BU	JSINESS/IND	USTRY		
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- CIVIC	8 Years 17. FATHER'S NAME (First, Middle, Last)		I K	oofing	CONU	V		ME (First, M	TOTTI liddle, Maider	2 Imp	Love	neru	
פרכ	George W. Rossma	ark, Sr.							isfeli				
2	PICHALA H. ROSSI	nark	191	MAILING ADDI	ting	Sun	Way	Route Numb	imbia,	wn. State Zip	2104	46 and 213	
	Carl   Rossman		20b. PLACE	AND DATE OF DIS	POSITION (N	A AU	enue	DATE	20c. L	OCATION -	City or Ton	wn, State	134.
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	21. SIONATURE OF FUNERAL SERVICE	LICENSEE		awn Cep	22. NAME A	Ruch	SS OF FA	CILITY					
	Duda-Ruck Funeral Home of Dundalk, Is												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.												nata letwee
	IMMEDIATE CAUSE (Final											Onset an	d Daar
	disease or condition resulting in death)		POYIG	OHENCE OF:								24 4	rs .
7			enal fai									5 mor	oths
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3	CAUSE (Disease or Injury		nolesteral		1								
CEMINICALION	that initiated events resulting in death) LAST		nero sclev		scula	dis	ease					30 ye	امرد
2	PART II. Other algnificent conditi	one contributing t	p deeth but not i	resulting in th	e underlyli	g cause	given in	Part I.	24s. WAS A	N AUTOPSY	24b.	. WERE AUTOPSY F	FINDING
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7	Chroni	ry arten	hie Pulv	monary	Diseas	e						1 TYES 2	NO
	DID TOBACCO USE CON	ITRIBUTE TO C	AUSE OF DEA	TH YES	NO [	JUNG	CERTAI	N 🗆					
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			heck only one HER:								
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	1 Natural 5 Pending	(Month,	Day, Year)	INJURY	W	YES 2	NO		0111011	***************************************	001120		
D BY	3 Suicide 6 Could not b	26s. PLACE	OF INJURY — At he g, etc. (Specify)	ome, farm, street	, factory, offi	ca		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
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2	DANIEL PLUZNI		USE OF DEATH (ITE			ACTUA	LOCE	= MD	212	02.			
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or 28a-1 show be notflied at	Director	10e. Street and Number	·			10f. Zlp (	Code				10g. Citizen ot V	Whet Country	7
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neturel, or items 23a	Funeral	11. Meritai Stetus	12. Was Decedent Ever Armed Forces?	in U,S.	13. W	Ves Decede	ent of His	spanic Orig	in? (Spe	cify Yes or No- Rican, etc.)	14. Rac	e - American ck, White, etc.	
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200	Completed	15. Decedent's Ed (Specify only highest gra	lucation de completed)	16	a. Decede	ent's Usual kind of work O NOT use	Occupation di	ti <i>on</i> u <i>ring</i> most	of work	ing	16b. Kind of B	usiness/Indus	try
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other	1	20e. Method of Disposition	20	b. Plece	of Dispos	ition (Nem	e of			29 ate	20c. Location -		
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eny injury once		hours &	11.			ARY I	. F	ROLLI	NS	FUNER	AL HOM	E 21	701
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od for u	Physician/Medi	Part il. Other eignificant conditions o	ontributing to death but no	t resulting	In the un	deriving ca	use aive	n in Pert I.		23b. Did 1	obacco uae co	ntribute to th	e cause of death?
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should	9										an autopsy med?	24b. Were	autopsy findings bie prior to
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page	E									101	es 2 No	1 🗆 Y	es 2 No
tor, p	Bec	25. Was case referred to medical						26. Place	of Death	(Check only o			
5	0	exeminer?	Hospital:	2 ERVO	Outpetient	3 DOA	Othe	g-			lence 6 Oth	er (Specify)	
8		27. Menner of Deeth 1 Netural 5 ☐ Pending	28e. Dete of Injury (Month, Day Yes	26b	Time of injury	28	c. Injury Work		1		now Injury occur		
Da To	atic	2 Accident investigetion		"/	qu.y	М		es 2 🗆 N	lo				
by	Certification:	3 Sulcide 6 Could not be determined	269. Piece of injury -	At home,	ferm, stre	et, factory,	office				Street and Numb	per or Rural Ro	oute Number,
, <u>s</u>	Ce	4 Homicide building, etc. (Specify) City or Town, State)											
completely filled in by the funeral director,	edical	29a. Certifier (Check only one)  1 Certifying Physical Example (Check only one)	ysician: To the best of my inar: On the basis of exar and menner stated.	knowledg ninetion e	ge, death and/or Inve	occurred at estigetion, i	t the time in my opi	e, dete and inion, death	place, a	and dua to the ded at the time,	causa(s) and ma dete and piace,	and due to the	d. e cause(s)
comple		29b. Signature end title of certifie				29c.	License	number			29d. Date signe	d (Month, Day	(, Year)
		1 July					D430	091			3-25	-96	
1	-	30. Neme end address of person who	completed cause of doct	/Item 22-	(Tune D								
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State of Maryland / Department of Health and Mental Hygiene 96 09304

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ortant: if the injury or of 8.		20a. Mathod of Disposition  XXBurial 2 □ Cramation 3 □  4 □ Donation 5 □ Other (Specify		cemate	of Disposition (incrementary)  AURI M	or othar piec		.k 3/26			Burni	e, Maryl
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ( Middle Name ) RONALD ROMANO MARCH 26 1996 8:18 a M George 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS t V M 2 D F YRS. January 24,1954 218-62-3969 Yeager W. VA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore RIVERVIEW NURSING CENTRE, INC. BALTIMORE DIRECTOR Pages 1, 2, 3 RESIDENCE OF DECEDENT 10a. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? t YES 2 NO Baltimore permit. I Maryland Baltimore FUNERAL too. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21221 1 Eastern Blvd. Baltimore Maryland USA burial-transit Page 6 may be retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? t ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, atc. 1 Never Merried 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, atc.)
t YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced use as the WHITE Not in war COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY JQ. Elementary/Secondary (0-12) College (1-4 or 5+) Unknown funeral director, page 5 should be detached 11 grade 17. FATHER'S NAME (First, Middle, Last) once. 16. MOTHER'S NAME (First, Middle, Maiden Surname) JOSEPH JAMES ROMANO, JR. OSSIE ELAM Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 6715 Oak Avenue-Baltimore, Maryland Ossie Romano/Mother pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must state rem 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPH B. Van Sant examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201-1559 and completely filled in by the burial, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line **Onset and Death** IMMEDIATE CAUSE (Fine) disease or condition UNKHOWN LIVER CIRRHOSIS - END STAGE resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) UNKYOUN executed CHRONIC HEPATITIS traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) 0 if any, leading to immediate cause. Enter UNDERLYING NHNHUN physician The law requires that the death certificate be CHRONIC HEPATITUS CAUSE (Disease Dr Injury other signed by the attending phy Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated eventaresulting in death) LAST ONKNOWN ALCOHOL ABUSE 0 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 TYES 2 NO t. of Healt. OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 💢 UNCERTAIN certificate has been the State Dept. of, or Item 23 s PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TES 2 NO t | Inpatient 2 | ER/Outpatient 3 | DOA HOSPITAL OR ATTENDING PHYSICIAN: 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c 28b. TIME OF marked, 1 Netural
2 Accident 5 Pending investigation 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mart BY 28e. PLACE OF INJURY — At home, ferm, street, factory, offica building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL OF THE FUNERAL OF THE FUNERAL OF THE MINING TO THE IMPORTANT: If 18 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE M. O. D4000 8 austell 126 30 MAE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. JIM PARSHALL FRANKLIN SQUARE HOSPITAL 31. DATE FILED (Month, Day, Year)
APR 01 32. REGISTRAR'S SIGNATURE gir wardson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE STATE STATE OF MANTLAND / DEPARTMENT OF DEATH REGISTRAR Item: 20a, per A.B G-734 4/2/GERTIFICATE OF DEATH

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		220 22 3738	5. SEX	6. AGE (In yrs. last birthday YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (S Country)	State or Foreign	
pino		220 22 3738  9e. FACILITY NAME (If not inatifution, give s		<b>6</b> 3 ma	9b CITY TOWN	OR LOCATION OF D	8 - 16	- 30	Y OF DEATH	) .	
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permit. Pages		10e. STREET AND NUMBER				of, ZIP CODE		10g, CITIZE	N OF WHAT COL	ES 2 NO	
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-UZU	ВУ Е	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA	AR OR DATES	1 T VE	S 2 KNO Spech	en, Puerto Rican, etc.)		Specify:	orc.	
U E &	ED E	15. DECEDENT'S EDU	CATION		S USUAL OCCUPAT	ION	16h, KIND OF I	BUSINESS/INDUS	BLAC	K	
		(Specify only highest grade Elementerly/Secondery (0-12)	College (1-4 or 5+)	(Give kind o	f work done during m use retired.)	ost of working	27	1 M	100		
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by the hospital be detached for all once.	8	17. FATHER'S NAME (First, Middle, Last)		+1			AME (First, Middle, Meld	en Sumame)	/		
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6 may be ctor, page		20g. METHOD OF DISPOSITION	and down Cont.	20b. PLACE AND DAT	E OF DISPOSITION (N	lame of	112	LOCATION - CII	y or Town, State	,	
0 0		1 Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	over from State	cemeter crematory of	em 90	rest Class	4/3/9/ 0	wings	mills	md	
eath. Pag funeral di kaminer		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0	22. NAME A	ND ADDRESS OF FA	ACILITY	4 . 15	2	10.	
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hours after ad in by the or removal		23. PART   Enter the diseesea, or o shock, or heart failure.	complications that List only one caus	causad the death. Do	not entar tha me	ode of dying, aud	ch as cardisc or rea	piratory arres		pproximata tarvai Batween	
y filled in by stion, or remote the medical		IMMEDIATE CAUSE (Finsi								neat and Death	
completely fille ial, cremation,		resulting in death)	s. Lung	OR AS A CONSEQUENCE	OF:				١	1 Wecks	
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te be execut rsician and c prior to buria	CATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (	OR AS A CONSEQUENCE						0 300 3 3	
ficate b physici ne prio	ICA	cause. Enter UNDERLYING CAUSE (Disessa or injury									
h certificate inding phys Hygiene p	RTIFIC	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
death death atte	8	PART II ON a simulation and district	2.								
A and at at	CAL	PART II. Other significant condition	a contributing to d	daath but not resulting	in the undariyin	ng cause given in		AN AUTOPSY ORMED?	AVAILABL	UTOPSY FINDINGS ILE PRIOR TO TION OF CAUSE	
requires that seen signed by of Health an shows any	EDIC						1 _ YE\$	2 K NO	OF DEAT	TH?	
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1 0 = -	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ATH (Check only one						
crificate the State	YSICI	1 TYES 2 NO	HOSPITAL:	ER/Outpetient 3 DOA	OTHER: 4 - Nursing Hor	me 5 - Residence	6 Other (Specify)				
NG PHYSICIAN: The fler this certificate sath with the State marked, or item	РНҮ	27. MANNER OF DEATH  1 X Netural 5 Pending	28e. DATE OF II (Month, Day		NJURY W	JURY AT ORK?	28d, DEŞCRIBE NOV	V INJURY OCCUP	PED		
	ВУ	2 Accident Investigation	28e. PLACE OF	INJURY — At home, farm		YES 2 NO	28f. LOCATION (Street	at and Number or	Rural Bouta Nurs	nher	
TOR:	TED	4 Homicide 6 Could not be determined	building, e	itc. (Specify)	, , , ,		City or Town, Sta		710-01-710-01-710-71	nouv.	
DIRE	PLET	29e. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the best of n	ny knowledge, death occu	rred at the time, date	e end place, end due	to the cause(s) end n	nanner es stated.			
	COMP			smination end/or investiga						nner ee stated.	
A NEW	BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			SIGNED (Month, D		
₽ 3 2 ₹	lo l			D. D		P093		► Mo	arch 27	8,1996	
		30. NAME AND ADDRESS OF PERSON WHO Zattam Mussel	COMPLETED CAUSE	Good Sam	oo, Print)	acratal	5601 La	ch Ravi	en Bli	vd :	
, î		31. DATE FILED (Month, Day, Year)	32. REGISTRAR				Balrima	re M	U 21	239	
		AFK 01 1996	widsor	Pandell							

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MARYLAND 21215-0020

E HOSPITAL O E FUNERAL DI 3 within 72 ho RTANT: If Ite		E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the executed with the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract	THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and community that has been signed by the attending physician and community that the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the present of the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cumman, or remove	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical axaminer must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68750

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

Tea House The 25 (Grant Street Complete Course of Death (ITEM 27) (Typo, Print)

31. DATE FILED (Month, Day, Year)

APR 01 1996

July Davidson Pandage

APR 01 1996

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	1 - FOR STATE REGISTRAR	STATE OF N			TMENT				MENTAL HYO	HENE NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	AW							2. DATE OF DEA MONTH		YEA	AR .	ME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIRT (Month, Day, Y		8. BI	IRTHPLACE	E (State or Foreign
	_215 22 3864	1 🗆 M 2 🌠 F	67	YRS.	MONTHS	DAYS	HOURE	MIN.	4/8/19	28		ARYL.	AND
_	9e. FACILITY NAME (If not institution, give str	reet end number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE			COUNTY O		
E	MERIDIAN MULTI	MEDICA	L CENT	ER		TOT	VSON	1		B	ALTI	MORI	E
	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			Inc CIT	TY, TOWN OR LOCATION								INSIDE CITY
DIRECTOR	MARYLAND BAL	TIMORE		I.	WSON		011					1	LIMITS?
AL	10e. STREET AND NUMBER					101.	ZIP COOE			10g.	CITIZEN (	OF WHAT C	
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1 5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR		13. W	AS OECE	NDENT O	F HISPAN	IIC ORIGIN? (Speci	fy Yes or No-	- 14. R	RACE - Am	nerican Indian.
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W		40	1	YES :	2 10 NO	Specify	n, Puerto Rican, el	c.)		Black, White Specify:	
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COMPLET	Elementary/Secondary (0-12) 12TH	NONE	)		BUS	ATE	)		RALTI	MODE	COL	INTV	SCHOOL
O	17. FATHER'S NAME (First, Middle, Last)		pon	002	DOD	7,11		ER'S NA	ME (First, Middle, M			DIVII	SCHOOL
BE C	ROBERT BEALE								JOHNS				
5 B	19e. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	(Street en		_	Route Number, City		Zip Code	)	
F		AW (DAUC	GHTER)	790	7 NO	RWO	OD :	RD.	TOWSO	ON, MD	. 2	1286	
	20e. METHOD OF DISPOSITION  1 Description 2 Cremation 3 Remo	val from State	20b. PLACE A	AND DATE	OF DISPOSIT	TION (Nam	ne of 3	301	DATE 20	c. LOCATION	— City o	or Town, Sta	sto 21152
	4 Donation 5 Other (Specify)		Steve	-		-	Churc			parks	Balt	to. Co.	, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE LEWI	S I. G	WYNI		EWIS	ADDRES		CILITY VYNN FU	NERAI	г. нс	OME	21215
	Lewen	Dw	epun		4	517	PAR	K H	FIGHTS	AVE	. F		O., MD.
	23. PART I. Enter the diseases, or co shock, or heart fallure. L	omplications that	vaused the de	ath. Do r	not enter t	he mod	e of dyle	ng, aucl	h aa cardiac or	reapiretory	arrest,		Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	1											Onset and Death
	resulting in death)	her	naten	49	15,							1	1 hour
		and to	OR AS A CONSEC	DUENCE OF	F): (	61		A:				-	1)
NO.	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE OF	P: 1	010	20_	ari r	19				Thour
\\$	cause. Enter UNDERLYING	choo	1 Sin	Peh	al	1	Mi	sco	2			1	Lycare
Ĕ	CAUSE (Disease or Injury that initiated eventa	DUE TO	OR AS A CONSEC	DUENCE OF	j:		1	1	1				t gent,
CERTIFICATION	resulting in death) LAST	INSU	lin-	des	en	de	nt	d	rape.	les	P		
1 - 1	PART II. Other algnificent conditions	contributing to	death but not n	eeulting	n the und	erivina	ceuse o	lven in	Part I. 24a W	S AN AUTOP	ev T	24h WERE	AUTOPSY FINDINGS
MEDICAL	Strake.00	whoher	at Vac		as	1	ومده	0 5	PE	RFORMED?		AWAILA	ABLE PRIOR TO LETION OF CAUSE
區	Jose veno	UK 1	to com	1	Sis	0	, _		/ 1 U Y	ES 2 NO		OF DE	ATH?
	DID TOBACCO USE CONTR		JSE OF DEA		S   N	оП	UNC	FRTAIN				1 1	YES 2 NO
1 X	25. WAS CASE REFERRED TO MEDICAL				TH (Check on		OTTO	-KIZII	101				
HYSICIAN:		HOSPITAL: 1   Inputient 2	ER/Outpstient 3	□ DOA	OTHER:		5 🗆 Res	sidence	8 Other (Specify	)			
F	27. MANNER OF DEATH	28e. DATE OF I	INJURY	28b. TIM		8c. INJU	RY AT		28d. OESCRIBE H		OCCURED	)	
BY	1 Natural 5 Pending 2 Accident Investigation	LA			M		S 2 🗌	NO					
	3 Suicide 8 Could not be	26a. PLACE OF building,	INJURY — At hor	me, term, s	treet, factor	y, office			281. LOCATION (S City or Town,	treet end Num Stete)	ber or Rui	ral Route Nu	umber,
ETE	4 Homicide determined												
COMPL		CIAN: To the best of r											
00	2 MEDICAL EXAMINER	On the basis of ex	amination end/or is	nvestigstio	n, in my opi	inion, des	ith occurs	d at the	time, date and plac	e, end due t	o the ceur	se(e) end m	nanner as stated.
3E (	296. SIGNATURE AND TITLE OF CERTIFIER	714		_			29c LICE	NSE NUM	PER	29d. [	DATE SIGN		, Day, Year)

8 L

a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la co

# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

	1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPART CERTIFIC	MENT OF H	EALTH AND		GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH	3	. TIME OF DEATH
	LOTTIE STERLING	J.				Feb.	23 199	YEAR 96	7:35 am. M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AC	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIS	TH	8. BIRTHPL	ACE (State or Foreign
	215-24-3136  9a. FACILITY NAME (If not institution, give	1 M 2 V F	94 YAS.	ONTHS DAYS	HOURS MIN.	March Day			
DIRECTOR	Allegis Health Co			Baltimo		EAIR		ry of dea	тн
낊	10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCA	TION			1	Dd. INSIDE CITY
듬	Maruland n/a		Bo	ultimore	2			- [,	LIMITS?
	10e. STREET AND NUMBER				. ZIP CODE	_	10a, CITIZ		AT COUNTRY?
FUNERAL	6116 Belair Road				21206		(	I.SA.	
3	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Spe	cify Yes or No-	14. RACE -	- American Indian,
- 1	1 Never Married 2 Married	FORCES? 1 YI		Il yes, sp	ecify Cuben, Mexic 2 NO Speci	en, Puerto Ricen,		Black, \	White, etc.
BY	3 X Widowed 4 Divorced				- 10			эрвспу.	white
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF TH	ON set of working	16b. KIND	OF BUSINESS/INDU		
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	St Of WORKING				
A P	5th grade		Grocery S	Store Ou	vner	Fo	od		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle,	Maiden Surname)		
BE	William Woods				Annie	Smith			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING A	DDRESS (Street a	and Number or Rural	Route Number, City	or Town, State, Zip (	Code)	
-	Rosalie Burns/ari	anddaughter	4806 Bu	ırland i	Avenue-B	altimor	e, Marylo	and 2	1206
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem		20b. PLACE AND DATE OF		me of	DATE	20c. LOCATION — C	ily or Town	, State
	4 Donation 5 Other (Specify)	IOVAI ITOM SUMA	cemetery, crematory or othe	r place)					
	21. SIGNATURE OF FUNERAL SERVICE LI	Joseph/B-	lancout	22. NAME AL	D ADDRESS OF FA	VCILITY	(EE (a) P.	a D+in	oer Street
	Boul Ra	Joseph 6	ransanc						iver soiler
$\exists$	23. PARPI. Enter the diseeses, or	complications that cau	sed the death. Do no				21201-1		
	shock, Dr heart fallure.	Liet pnly ona ceuse or	n aech iine.	t enter the mo	de Dt dying, auc	n as cerdiac D	r respiratory arre	st,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	DIVE	MON	114					Onset and Death
ļ.	reaulting in deeth)	d/							2 044
		DUE TO (OR A	S A CONSEQUENCE OF):	15	HEAL	of G	41/1/1	DE	2 014/15
S I	Sequentially list conditions,	b. COTO C	S A CONSEQUENCE OF):		1/0//	1 //	1/201		2 4170
F	if any, leading to immediate couse. Enter UNDERLYING	00E 10 (01 A	S A CONSEQUENCE OF J.						
윤	CAUSE (Disease or Injury	C. DUE TO (OR A	S A CONSEQUENCE OF):						-
Ē	that initiated evente resulting in deeth) LAST	332 10 (011 11	S A CONSECUENCE OF J.						
CERTIFICATION		d							1
	PART II. Other significent condition	ns contributing to deet	but not resulting In	the underlying	ceuee given in		MAS AN AUTOPSY		ERE AUTOPSY FINDINGS
<u>5</u>	CORONA	HZY AT	PETERY	DIS			ERFORMED?		MILABLE PRIOR TO OMPLETION OF CAUSE
						— l'u	YES 2 NO		F DEATH?
-	DID TOBACCO USE CONT	RIBLITE TO CALISE	OF DEATH YES	T NO F	UNCERTAL			'	YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	10 0,000	26. PLACE OF DEATH		ONCERIAL				
응	EXAMINER?	HOSPITAL:		THER:		. (Tau -			
¥	27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b, TIME		e 5 🗆 Rasidenca		HOW INJURY OCCL	IDED	
2	1 Natural 5 Pending	(Month, Day, Yea	r) INJUF	RY WO	RK? /ES 2 NO			, in Eur	
BÁ	Accident Investigation  Suicide 8 Could not be	28s. PLACE OF INJU	JRY — At home, ferm, str			281. LOCATION	(Street and Number o	r Bural Brus	to Number
	4 Homicide determined	building, atc. (S	(pecify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town	, State)	1101911100	is rearrison,
COMPLETED	29s. CERTIFIER	Charles and a second		acetine and	V-11-3- 21/0				
		ROAN To the best of my kn							
8		ER: On the basis of examina	mon and/or investigation,	in my opinion, d	eath occured at the	time, data and pi	aca, and dua to the	cause(s) a	nd manner as stated.
BE	Mb. SIGNATURE AND TITLE OF CERTIFIE	-			29c. LICENSE NUI	MBER 2 / 1/2	29d. DATE	SIGNED M	onth, Day, foar)
ē.	/4000				BALT	عرمرد		4/2	14/96
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	rige)	BAIT	7	110	1	2 //
	2114 1	MALORL	100	1	1701	0. /	VI	21	219
ŀ	31. DATE FILED (Month, Day, Year)  APR 0.1 1996	32 REGISTRAN'S SI	GNATURE CON-Handelle						

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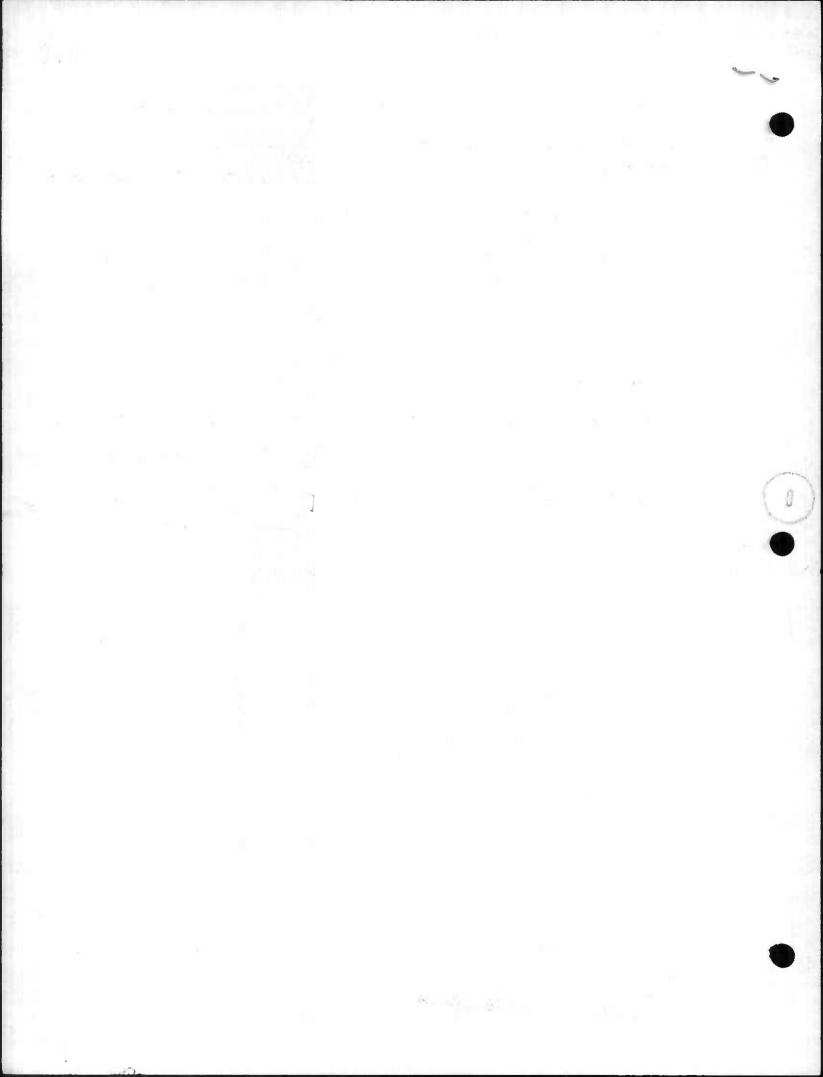
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 6 0 2 0 Q

				State of Mary		rtificate of			eg. No.	b (	19309
	Physic	ian	1. Decedanf's Nama (First, Middla, Las	0				2. Data of Deat Month		Year	3. Tima of Death
	/Medi		MOSCHA SA	YRNIOUDIS_				MARCH	31, 199	96	5:00 AM
7	Exami	ner	4a. Facility Nama (If not institution, giva	street and number)			4b. City, Town, or L	ocation of Death	4c. County		
	Funeral Director		5. Social Security Number 6. Sa 217–52–9389		CAL CENTE n yrs. last birthday) 78 Yrs.		TOWSON If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day Sept 24			E COUNTY  ace (Stata or Foreign  ry)  ace
	P .		Usual Rasidance of Decedant  10a. Stafa 10b. County	40	o Ch. Tour out						
	with the Maryland a or 28a-f show Lbe notified at	ctor	Maryland Balto.		c. City, Town or Lo	Baltimore				10	d. Insida City Limifs  XAL Yas 2 □ No
	th with the 23a or 2 ust be no	Funeral Director	10e. Street and Number 1026 Woodheights	Avenue		10f. Zip Coda	212	11 1	haf Count	usa	
020	ours after death with the Marylar sif, or litera 23e or 28e-f show Examiner must be notified at	by	11. Marifal Stafus  1 Nevar Married 2 Married  3 Widowed 4 Divorcad	12. Was Decedenf Eval Armed Forcas? 1 Yas 2X No if Yas, Giva Yaar or Datas:		Was Decedant of I If Yas, specify Cub 1 ☐ Yas 2XMIo	Hispanic Origin? (Sp an, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	14. Race Biac Specify.	- Amarica k, Whife, a	tc.
Maryland 21215-0020	d within 72 houn pene. r than "natural", the Medical Ex	Completed	15. Decedant's Edu (Specify only highast grad	cation la complated) College (1-4or 5+)	complated) (Giva kind of wo lifa. DO NOT u			ing	16b. Kind of Bu	sinass/Ind	6 18
land 2	office file	To Be Co	17. Fathar's Nama (First, Middle, Last) Stelios Liodakis			Homemak	18. Mothar's Nem Domna	a (First, Middla, M			TORK!
Mary	permit. Pages 1 and 2 should be Department of health and Menta Important: If Item 27 is merked any injury or other traumatic a once.		19a. Informant's Name/Reletionship (7) Themistokles Smyr				and Number or Rur d Eldersb			State, Zip	Code)
Baldmore,	Pages 1 a lent of He nt: If flem ry or othe		20a. Mathod of Disposition  10 Burlai 2 Cramation 3 4 Donation 5 Other (Specify)	Ramoval from Stafa		osition (Nama of matory or other pla chodox Cer				cation - City or Town, Stata dlawn, Maryland	
Bald	21. Signafure of Funaral Sarvice Licensee					2. Nama and Addra Surgee-He	nss of Facility nss Funer s Road B	al Home	Maryl	and '	21211
-			23a. Part1. Enter the disease, or compleshook, or hear failure. List only o	loations that caused the					_		Annrovimata
	Physician /Medical Examiner		/	di ffus	,	cell. L				1	Interval Between Onset and Death  6 months
	p =	lner		h	to to as a consen	quence oij.					
60,	ificate be executed g physician and as the burlal-transit	i Examiner	Sequentially list conditions, if any, leading to immediata causa. Enter Underlying Cause, (Disease or injury that initiated events.	Dua	to (or as a consec	quance of):			·		
	5 D 0	//Medical	rasulting in death) Last	Dua d.	to (or as a consec	juanca of):					
Ø.	death cert a attendin d for use	Iclar	Part II. Other significant conditions cor	tribution to death but no	of enquiting in the co		una la Dest I	ash Did to	haaaa	And brook of the	the server of death 0
s, P.O	requires that the death cert seen signed by the attendin hould be deteched for use	by Physician/M	Tata. Other agrinosis conditions con	minuting to death but he	or resulting in the u	ndanying causa gr	venin Fait i.		s 2 DrNo		the cause of death?
90	BW 2 S S	Completed b						24a. Was a perform	n autopsy ned?	com	ra sutopsy findings liable prior fo spletion of cause eath?
E	T est	Co						1 □ Yε	is 200 No	1 🗆	Yas 2□ No
Vita	Physician: The	Be	25. Was casa referred to medical examinar?	fospital:			28. Place of Deat	h (Check only on	a)		
o	this aldi	٦.	1 Yas 2 No	28a. Deta of Injury	2 ER/Outpatier	N 3LI DUA		ma 5 Rasida			
		ation	1 Accidant 5 Pending invastigation	(Month, Day Ye	ar) 28b. Time o	Wo	rk? IYas 2□No	28d. Describe ho	w injury occurr	90	
Divis	Hospital or Attending 24 hours after death. Funeral Director: Afte tely filled in by the fune	Certification:	3 Sulcida 8 Could nof be datarmined	28a. Piaca of Injury - building, atc. (S		raaf, factory, office		28f. Location (St. City or Town	reet and Numbe I, Stata)	er or Rural	Routa Number,
	To the Hospital within 24 hours e To the Funeral C completely filled	edicai	29a. Cartifiar (Check only one) 1 Certifying Physical Cartifying P	sician: To the bast of my ner: On the basis of exa and mannar stated.	y knowledga, daatl minetion and/or in	h occurred af fha tir vastigation, in my c	ma, dafa and place, opinion, daath occur	and dua to the cared at the time, de	ausa(s) and mai ata and place, a	nnar as sfa and dua to	ited. tha causa(s)
	To t To tl	W	29b. Signafura and fitta of certifier	my Relo	1 cm	29c. Licans			3/3//9	•	
	10		30. Nama and address of person who co	emplayed causa of dealth	(Type,	Print) N. Cl	5205 invles St	red 1	Balto.	Md.	21204
	Sta	te	31. Dete filed (Month, 1996ar)	32. Aegistrars	Signatura						

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State of Maryland / Department of Health and Mental Hygiene 96 093 10

Name of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last o	Certificate of Death Reg. No.												
Physician	Decedent's Nema (First, Middle, Last Katherine	E.	Shin	n		2. Data of Dea Month March	th	3. Time of Death  12:10 PM					
/Medical Examiner	4a. Facility Nama (If not institution, giva	street and number)			4b. City, Town, or I		4c. County of						
	528 Herberts Rur	n (Charles	town)		Catons	ville		ltimore					
Funeral Director	230-20-1270	7. Age (In yrs	A. A. A.	f Under 1 Year fonths Days	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day June 15	, Year) 9 , 1920 We	Birthplaca (Stata or Foraign Country) est Virginia					
l show	Usual Rasidence of Dacedant  10a. Stata 10b. County  Md Baltimo		ity, Town or Locat	ion atonsvi	lle			10d. Insida City Limits 1 ☐ Yas 2X No					
with the Mai 3a or 28a-f e at be notified	10e. Street and Number 528 Herberts Run	(Charlesto		10f. Zip Coda	21228	1	0g. Citizen of Who	et Country?					
re, Maryland 21215-0020  I and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hyglene. Health and Mental Hyglene. The marked other than "natural", or Heme 28 or 28±f show other traumatic event, the Medical Examiner must be notified at To Be Completed by Funeral Director	11. Maritel Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yas 2 No If Yas, Giva Yeer or Detes:		s Decedant of as, specify Cub Yas 2 X No	Hispanic Origin? (S en, Maxican, Puart Specify:	pecify Yas or No- o Rican, atc.)	14. Reca -	American Indian, Whita, atc. White					
Aaryland 21215-0020 2 should be filed within 72 hours at and Mental Hyglens Is marked other than "natural", or reumed event, the Medical Exam To Be Completed by F	15. Decedant's Ed. (Specify only highest grad Elamentary/Secondary (0-12)		(Give kin lifa. DO	NOT usa retire	during most of wor ad)	king	16b. Kind of Busin						
and 212 be filed with ital Hyglene d other than event, the	12 17. Father's Nama (First, Middle, Last)		Но	memakei	18. Mothar's Nan	na (First, Middle, I	Own Home  Maidan Sumame)						
Aaryland 2 should be to and Mental Is marked or raumetic even	Roland C. Payne												
Maryland bile at and 2 should be fliet theath and Mental Hy flien 27 is marked other traumatic event To Be (	19a. Informant's Name/Relationship (T) Nancy Dahme (Da	aughter)					umber, City or Town, State, Zip Code) Sville, Maryland 21228						
0 402 6	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	Ramovei from Stete		ory or other p	March 30, ery	1996	20c. Location - Cit Bladensb						
Bartim permit. Pag Department Important: I any injury o once.	21. Signeture of Funeral Servica Licansee  22. Nama and Addrass of Facility Leroy M & Russell C Witzke Funeral Homes 1630 Edmondson Avenue Catonsville, Maryland												
Physician	23a. Part1. Enter the disaasa, or complicelled the caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one charge of aech line.  Immediate Cause (Final disease or condition resulting in death)												
/Medical Examiner	Immediata Cause (Final diseesa or condition rasulting in death)	a. Card	or as a consequal	ace of	-h M 19			immediate					
iner six		b	07 40 4 007100444										
68760, tificate be associated graphysician and as the burial-transit	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated evants	Due to (	or es e consequa	nce of):									
	rasulting in death) Last	Due to (	or es a consequar										
Box Seath cert attendin d for use	Part II Other significant conditions on	atributing to death but not co	sulting in the unde	dia concessi	un in Flort I	29h Did s	heaca use control	  bute to the cause of death?					
ds, P.O. Box (ires that the death certified signed by the attending of be detached for use at by Physician/M.	Part il. Other significant conditions con	nthouting to death but not re-	suiting in the unda	inying ceusa g	van in Parti.		es 2 No 3						
aw requisite the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the						24a. Was a perfor		24b. Wera autopsy findings aveileble prior to completion of cause of death?					
E 5 5 5						1 🗆 Y	as OQ No	1 □ Yas 2 ☐ No					
Vital Finding The certificate rector, page Be Col	25. Was cesa referred to medicei examiner?	In an ital.				th (Check only or	na)						
Division of Vital after death Director: After this certificat In by the funeral director, p ertification: To Be Co	1 Yas No '  27. Mannar of Death  10 Natural 5 Pending 2 Accident Invastigation	lospitai: 1 ☐ inpatient 2 ☐ 28a. Data of Injury (Month, Day Year)	28b. Time of injury	28c. inju			ance 6 Other ow injury occurred						
Division or To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral.	3 Sulcide 6 Could not be 4 Homicide determined	28a. Place of injury - At h building, atc. (Speci	noma, ferm, street	, factory, office		28f. Location (S City or Tow	treet and Number n, Stata)	or Rural Route Number,					
Div To the Hospital or within 24 hours afte To the Funeral Div completely filled in Medical Cert	29a. Certifier 1 Certifying Physical Certifier 2 Medical Examination	sician: To the best of my knoner: On the basis of axamino and menner stated.	owledga, daath oo ation and/or inves	ccurred at tha t tigation, in my	ma, data and place opinion, daath occu	, and due to the c rred at the time, d	ause(s) and mann ate and place, and	er as stated. d due to the ceuse(s)					
To the within within comp	29b. Signatura and The of certifier	/		29c. Licen		2	9d. Data signed (	Month, Day, Year)					
	30 Name and address of	m)	- 00-1 (Tr Tr.	(Type, Print) Choice Lane Caturs ville Maryles									
	30. Nama and address of person who or		m 23a) (Type, Pri	Choi	4 Lane	Cata	1 ns vill	Mayla					
State Registrar	31. Deta filed (Month, Day, Year) APR 1 1996	chia Dairi Maria											



**DHMH 16 Ray 6/95** 

Registrar

# Item #22, 3/29/96, g-733eh Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q.S. 00212

		Decedent's Nama (First, Middle, La	st)	06	rtificate of	Dealli	2. Dete of Dee	th	3.7	ime of Death		
Physici		WALTER A. SNYDER					Month MARCH	Dey 26, 19	Year	:15 PM		
/Medio Examir		4a. Facility Name (If not Institution, giv			1	4b. City, Town, or		4c. County of		. 10 111		
LAGIIII	ICI	978 ARDEN VIEW H	PLACE			CROWNSV	ILLE	ANNI	E ARUND	EL		
Funeral Director		5. Sociei Security Number 6. S		In yrs. le <i>st birthdey)</i> 94 Yrs.	Months Day			Year) , 1902	9. Birthplaca ( Country) Indian	Stata or Foreig		
P &		Usuel Residence of Decedant  10e. Stete 10b. County	1	Oc. City, Town or Le	ocation				404 1-	alda Ola di la la		
e Maryle Sa-f shor	Director	Md. Anne A		Crownsv					1	side City Limita ☐ Yes 2 No		
th with the 234 or 24		10e. Street end Number 978 Arden View	Place		10f. Zip Code	1032	1	log. Citizen of W US				
d within 72 hours after death with the Maryland plane. Them *natural*, or thems 23s or 28s-f show the Moursel Experies must be notified at	by Funeral	11. Maritel Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Was Decedent Eve Armed Forcas? 1) Wes 2 No If Yes, Giva 1 Yaar or Detes:	i	Wes Decedent of If Yes, specify Cu 1 ☐ Yas 2 ☐ No	Hispenic Origin? (S ban, Mexican, Puer o Specify:	pecify Yas or No- to Rican, etc.)		I. Rece - American Indian, Bleck, White, etc.			
within 72 houene. then "neture	Completed	15. Decedent's E (Specify only highast gra Elementery/Secondery (0-12)	ducation	16a. Dece (Give life.		upation a during most of wo red)	rking	16b. Kind of Bus				
e filed w Il Hygier other th	S			Car	rtography	T			Government			
a la b	To Be	17. Fether's Name (First, Middle, Last, Frederick Sny					me (First, Middle, 1 a Pepmeye		)			
d 2 should h and Mer is marks treumatic		19e. Informent's Neme/Relationship (	***************************************			et end Number or R		-				
Health mm 27 ther t	1	Shirley Ballanti	0			od Blvd.,		.TTE, MG				
nit. Pages artment of l ortant: If its injury or o		1 XBurial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif	Removal from State	20b. Place of Dispo cemetery, cre Zion Ce		į	3/30/96	Elkridge	e, Mary			
Depart Import any inj		21. Signature of Funeral Service Licensee 22. Name and Address of Facility Gary L. Kaufman F.H.  HUBBARD FUNERAL HOME, INC. 5695 Main St., Elki										
0.00		23a. Part1. Enter the disease or com shock, or heart faithre. List only	pilcations that caused th	e deeth. Do not en	107 WILK	ENS AVENU	JE BALTIM c or respiratory arr	ORE, MD		oximete vai Between		
Physician /Medical Examiner		tmmediate Ceuse (Finel disaese or condition resulting in death)	. Phe	mmia					2 L	vecks		
nsit	Examiner		. Stro	Ke	quence or):				34	ears		
ricete be axecuted g physician and es the burial-transit	al Exar	Sequentielly list conditiona, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events	Periph	pheral Casevlar Disease						tear(		
	resurring in deeth) Last								-			
or life	clan	B 41 04 1 10 10 10 10 10 10 10 10 10 10 10 10 1										
ned by the detached	Physician/N	Part II. Other significant conditions of	ontributing to death but r	not resulting in the u	ınderiying cause (	given in Pert I.		obacco use con	3 Probably			
requires been sign should be	Completed by						24a. Was a perfor		24b. Were au available completi of death?	prior to on of cause		
0 - 5	mo						1 🗆 Y	es 2 No	1 ☐ Yes	26 No		
s certificate director, pag	Be C	25. Wes case referred to medical examiner?				26. Place of De	eth (Check only or	10)				
00	2	1 Yes 2 No	Hospitel: 1 ☐ Inpatient	2 ER/Outpatie	III SLI DOA		Ioma 5 Resid	ance 6 Otha	r (Specify)			
Atte	ation	27. Menner of Deeth 1 Areturei 5 Panding 2 Accident investigetion		ear) 28b. Time of Injury	W	uryat ork? □Yes 2□No	28d. Describe how injury occurred					
6 를 등 드	Certification	3 Suicide 6 Could not be determined	28e. Place of Injury building, etc. (	- At home, lerm, st Specify)	reet, lectory, office	9	281. Location (S City or Town	treet end Numbe n, State)	r or Rumi Rout	te Number,		
	edic	29a. Certifler 1 Certifying Ph (Check only 2 Medical Exam	yelclan: To the best of manner: On the besis of ax	emination and/or In	h occurred et the vestigetion, in my	time, dete end plece opinion, death occu	e, end due to the curred at tha time, d	euse(a) end mer leta and pisce, s	ner as steted. nd due to the c	euse(s)		
24 hours			and manner stete	,		nse number	2	29d. Dete signed	(Month Day )	(nort)		
o the Hosp ilthin 24 ho o the tune omplement	ŝ	29b. Signature and title of certifier			29c. Lice	130 HUHIDOI			frenchitti, Day.	(ear)		
To the Hospital within 24 hours To the Ameral completely life	· N	290. Signature and travel certifier	Sta	ty any		0094	mo	3/27/	96	(ear)		

# Amended 3/29/96, g-733, Item #leh Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene O

						Certifica		Death		Reg. No.	US	010	
Physician		1. Decedent's Nama (First, Middla, Las	Walt	er		Ster	len!	S	2. Date of De Month	Day	Year 996	3. Time of Deeth	
/Medical Examiner		Aa. Facility Name (If not institution, give NOR+H ARUN A. 5. Social Security Number 6. St.	street and number)			thday) If Uno	lar 1 Yaar	4b. City, Town, or I	DURNIE	ANNE	of Death ARU	ndEL ca (Stata or Foreign	
uneral irector		290-18-1409	MAL OF E	73		Yrs. Month	s Days	Houra Min.	8. Date of Bir (Month, Da 02-01-		Country	HIO	
No m	-	Usual Residence of Decedent  10a. State 10b. County		10c. C	ity, Towr	or Location					100	d. Inside City Limits	
or 28a-f show	3 1	MARYLAND ANNE A	RUNDEL			GLEN B	URNI	Ξ				1 ☐ Yes 2 ☑ No	
be notified Director	5	10e. Street and Number				10f. 2	Zip Code			10g. Citizen of		y?	
item 27 is mented other than "natural," or ferms 23s or 28s4-shor other traumatic event, the Medical Examiner must be notified at To Be Completed by Funeral Director		20 BIRCH AVENUE  11. Marital Status  1□ Navar Married 2 Married	12. Was Decedent Armed Forces? 1√2 Yas 2 ☐ If Yes, Give	No			cedent of I	061 Ilspanic Origin? (S an, Maxican, Puert Specify:	pecify Yas or No o Rican, etc.)	U.S.A 14. Rac Blac Specifi	e - Amaricar ck, White, et		
al Exac		3 ☐ Widowed 4 ☐ Divorced  15. Decedent's Ed	Year or Dates:	WW		Decedent's Us				16b. Kind of B		WHITE	
r, me Medical J		(Specify only highest grad Elementary/Secondary (0-12)	College (1-4or:	5+)		(Give kind of a life. DO NOT	vork dona use retire	during most of wor	rking	SCM	Dustiess/industry		
event. Be C	3	17. Fathar's Name (First, Middle, Last)	CULST	TONIC				18. Mother's Nar	me (First, Middle,		•		
To Be Comp		MARION  19e. tnforment's Name/Relationship (7)	STEV	ENS	10h	Mailing Addre	on /Strant	HAZEL and Number or Ru	rei Bordo Numb		JRTNEY	anda)	
other trau	١.	MRS. BEATRICE M. S						NUE, GLEN				1061	
iry or othe	-	20a. Method of Disposition  XXI Burial 2 Cremation 3  4 Donation 5 Other (Specify			cemeter	Disposition (Ay, crematory of	r other pla	ce)	Date 3/29/96 Y	20c. Location			
any injury or		21. Signature of Experts Service Licensee  22. Name and Address of Facility SINGLETON FUNERAL HOME  1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061  23a. Part I. Enter the disease of complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Interval Batwee Interval Batween											
ician dical niner	1	shock, or heart failure. Lest only of immediate Cause (Finel disease or condition resulting in death)		Sey.	or as a c	c S	hoc		o or respiratory a	iriost,		nterval Batween Driset and Death 2-day S	
etached for Use es the bunal-transit  Physician/Medical Examiner	medical Examine	Siff oc til	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Last	b	Due to (	or as a c	consequence of	r):					- May s
cian			d						1				
should be detached for use leted by Physician/N		Chronic								tobacco uss co Yss 2□ No		the cause of death?	
N Q		Chronic disease							24a. Was	an autopsy rmed?	avail	a autopsy findings lable prior to plation of cause eath?	
director, page									10	Yas 2 No	10	Yes 21 No	
irector, pag		25. Was case referred to medicel axaminar?  1 □ Yes 2 No	Hospitai: 🛶		1		Oth	oer.	ath (Check only o				
5 76		1 Yes 2 No  27. Manner of Death 1 Netural 5 Pending 2 Accident investigation	1 Inpatie 28a. Date of Inju (Month, Da	Iry		tpatient 3   ima of njury   M	28c. Injui Wo	ry at	lome 5 Resident	dence 8 LIOth			
led in by the tuner Certification:		3 ☐ Suicida 6 ☐ Could not be determined	28e. Place of the building, et			rm, straat, fact	ory, office		28f. Location ( City or To	Street and Numb vn, State)	per or Rural I	Routa Number,	
completely fi		(Check only 2 Medical Exam	stclan: To the best inar: On the basis of and manner st	f axamina	owledge ation and	Vor Investigation	on, in my c	ppinion, daalh occu	, end due to the irred at the time,	date and placa,	and due to t	ha cause(s)	
To the comple		29b. Signature and title of certifier  M. Mourt	orddem.	M	D.	2		946358	,	29d. Date signe			
		30. Name and address of person who co Nasser Mon Gode	lem, No	rEL	A	Type, Print) Tunde (	2 H	usp. 301	Hosp D.	rive, G	len B	21061 urnie, MD	
State	ı	31. Dete filed (Month, Day, Year)	32. Registr	ar's Sign	ature .	Monda 90	6						

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

INTERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should than 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1	œ.	FOR STATE REGISTR	AR
	. D	ECEDENT'S	NA

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAN		CENTIFIC	AIL OF DE	PILL	REG. NO.		
1. DECEDENT'S NAME (First, Middle, L	E. TROY	1		0.00	2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		(in yrs, last birthday)	F UNDER 1 YEAR  F U	-	7 DATE OF BIRTH	26 (998	THPLACE (State or Foreign
215-40-4456	1 M 2 KF	59 VRS. "	ONTHS DAYS HOU	na MM.	June 27	Cou	2TH CAROLINA
	HOSPI		0	TIMOR		A COUNTY OF	I/A
UNIVERSITY RESIDENCE OF DECEDEN 100. STATE 10b. CO	N/A	10c. CITY,	TOWN OR LOCATION	IMORE	CITI	/	10d. INSIDE CITY LIMITS?  1 YES 2 \( \text{NO} \) NO
3902 McDou	ELL LANE		10f. ZIP	212	127	10g. CITIZEN OI	S A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED S 2 X NO DATES	13. WAS DECENDE If yes, specify 1  YES 2	Suban, Maxican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, atc.
15. DECEDENT'S (Specify only highest: Elementary/Secondary (0-12) UNKNOWN 17. FATHER'S NAME (First, Middle, Las	rade completed)	18a, DECEDENT'S US (Give kind of wor life, Do NOT use	rk done during most of v	rorking	16b. KIND OF BUS	SINESS/INDUSTRY	
Elementary/Secondary (0-12)  UNKNOWN  17. FATHER'S NAME (First, Middle, Las	College (1-4 or 5+)	MACHINE	E OPE		UNKNOU E (First, Middle, Malden		
CHARLES		BOONE	A	NNA	E (PIRST, MIDDIN, MAIDIN	-	YPBELL
SHELIA TRO	y HOOKS		DDRESS (Street and Nu		ALTIMORE		1218
20s METHOD OF DISPOSITION 12. Buriel 2 Cremation 3 C 4 Donation 5 Other (Specify) 21. Signarding of Function	Ramoval from State	Ob. PLACE AND DATE OF Emelory, crematory or othe RBUTUS	CEMETER 22. NAME AND AD TOSEP	phess of faci	DATE 200. LO 2+30-96 F LITY PAWN JR	RBUTU- FUNEI	Town, State  S. MD.  RAL HOME, P. 1
- Can	10.100	د ر	2140 N.	PULION	AVE. BA	LITTORE	190.21211
23. PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ruptus					iratory arreat,	Approximate interval Batween Onset and Dauth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	b. HYPER DUE TO (OR AS	A CONSEQUENCE OF):	N	114			YEARS
PART II. Other aignificent cond	RENAL FY		the underlying cau	ise given in P	PERFO		24b. WERE AUTOPSY PINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	NTRIBUTE TO CAUSE	OF DEATH YES	□ NO 🕱 U	NCERTAIN	- '		1 TYES 2500
DID TOBACCO USE CO		28. PLACE OF DEATH					
Immedia	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 28c, INJURY	AT	28d. DESCRIBE HOW	INJURY OCCURED	
2 Accident 3 Suicide 6 Could not 4 Homicide detarmin	28a. PLACE OF INJU	RY — At home, farm, at pecify)	reet, fectory, office		28f. LOCATION (Street City or Town, State	and Number or Rur )	al Route Number,
(Check only	HYSICIAN: To the best of my kn						ee(a) and manner as stated.
299. CERTIFIER CERTIFYING (Check only one) 2 MEDICAL EXI	n MP		AL	LICENSE NUMI	35 ALZ 635	29d. DATE SIGN	MED (MONTH, Day, Year) SCH 26, 1996
KISA CLAY to	WHO COMPLETED CAUSE OF	-	+ PACA	ST	BALTIM	VORE M	nD 2/201
APR 01 1996	Julia Dandson-V						

#1881 5.

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Mary 1936 Marian Barrell

Tolk Maningga, September 1985

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 093 | 5

		Certificate of Death	Reg. No.	0 3 0 1 0
Physician	Decedant's Nama (First, Middla, Last)		2. Date of Death	3. Tima of Death
/Medical Examiner	LANCE VALIER 4a. Facility Nama (If not institution, give street and number)	THOMPSON 4b. City, Town, o	MARCH 27 195 r Location of Death 4c. County o	04:31 AM
Funeral Director	214-46-9811 1×M 20F 2	n yrs. lest birthday)    If Under 1 Yeer   If Under 24 Hr   Months   Days   Hours   Mir	RF s. 8. Deta of Birth	9. Birthplace (Stata or Foreign
Ziba-i show notified at ector	Usual Rasidanca of Dacedent  10a. Stata  10b. County  10	c. City, Town or Location		10d. Insida City Limits
or 28s. be notifi Direct	10e. Street and Number	10f. Zip Code	10g. Citizen of Wi	/ -
'natural', or items 33s or 28s-1 show idical Examiner must be notified at eted by Funeral Director	11. Merital Stetus  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Wes Decedant Eval Armed Forces?  1 Yas 2 No If Yas, Giva Year or Datas:	r in U.S. 13. Wes Decedant of Hispanic Origin? (If Yes, specify Cuben, Maxican, Pue	Specify Yes or No- rto Rican, atc.)  14. Race Bleck Specify:	- American Indien, , White, atc.
	15. Decedant's Education (Specify only highest grada complated)  Elamantary/Secondary (0-12)  Collaga (1-4or 5+)	16a. Decedant's Usual Occupation (Give kind of work dona during most of w lifa. DO NOT usa retired)		
other than	17. Fathar's Nama (First, Middla, Last)	Brick Mason	ama (First, Middla, Maldan Surneme	mary
2 0	Konald Thompson	(1	dys Gray	,
27 is marks er traumatic To	19a. Informant's Name/Relationship (Type, Print)	19b. Malling Addrass (Straat and Number or F 3402 Cardinal	Rural Aoute Number, City or Tolvin, S Ct. Ralto, M	
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T Dy	3 Suicida 6 Could not be datarmined 28a. Place of Injury - building, atc. (S	At homa, farm, street, factory, office	28f. Location (Street and Number City or Town, Stata)	1 - 1
completely filled in by Medical Certifi	29a. Cartifiar 1 Certifying Physician: To the best of my	y knowledga, daath occurred at tha tima, data and plac mination and/or invastigation, in my opinion, daath occ	e, and dua to the causa(s) and man	nar as stated.
Me	29b. Signatura end-title of certifier	29c. License number	29d. Data signed	(Month, Day, Year)
	4/6/hl	O.C.M.E.	MARCH 2	7, 1996
0	30. Nama and addrass of parson who complated causa of daath			
State	31. Data filed (Month, Day, Year)	111 Penn Street, Ba	ltimore, Maryl	and 21201
Registrar	APR 01 1996	anjara liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a liberary and a		

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TO THE PARKED CONTROLS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 12 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE MISSING TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC TO THE PUBLIC T

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1. OECEDENT'S NAME (First, Middle,  ANAMARIA TRI	Lesi)	ria Trivi			T	OF DEATH		3. TIME 0	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	6.	BIRTHPLACE C	olombia
216 08 220		77 YRS.	MONTHS DAYS	HOURS MIN.	Apr:	n, Day, Year) il 17,	1918	S. Amer	ica,
9e. FACILITY NAME (If not institution,	-			OR LOCATION OF I	DEATN		9c. COUNTY	OF DEATN	
Mercy Hospi	tal Hospice		Balt	cimore N/A					
	OUNTY		Y, TOWN OR LOCA	TION				10d, INSH	DE CITY TS?
	N/A	B	altimore	, ZIP CODE			10- 0171754	OF WHAT COU	3 2 NO
	garet Street		1"	21225			-	Res	sident
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		ENDENT OF NISP				RACE — Americ Black, White, et	en Indien
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR		t X YES	ectly Cuben, Mexic 2 - NO Spec Imbia Sc	ify:	Americ	·a	Specify:	ite
		16a. DECEDENT'S	USUAL OCCUPATION	DN		. KIND OF BUS	· · · · ·		200
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	ist of working		T			
unknown		Home 1	Maker				n home		
17. FATHER'S NAME (First, Middle, Le	Pablo E. Ang	je1		18. MOTHER'S N	USEPI.		ivino		
19a. INFORMANT'S NAME AVPORPTION AND DAVA BY			St. Marc					Maryla	21225 and
20a. METNOD OF DISPOSITION 1 □ Burlel 2 ②Cremetion 3 □		0b. PLACEAND DATE emetery, crematory or o		eme of	DAT	E 20c. LO	CATION — City	or Town, State	
4 Donation 5 Other (Specify	)	Metro Cre	ematory,		3/:	27 Ba.	ltimor	e, Mary	1and_
21. SIGNATURE OF FUNERAL SERV	W	1.0.	Georg	nd address of f je J. Go: Ritchie	nce F				1225
23. PART I. Enter the disease	omplications that caus	ed the death. Do							proximata
IMMEDIATE CAUSE (Fine)	Lat only one ceuse on								erval Between set and Deat
disease or condition resulting in deeth)		estatic		er Co	en co	-		1	1 mos
	DUE TO (OR AS	A CONSEQUENCE O	IF):						
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	NF):						
ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c								
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	d.		In the condend to		. D 1				
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						1 TYES 2	→ NO	OF DEATH	
	ONTRIBUTE TO CAUSE	OF DEATH Y	ES NO)	UNCERTA	IN 🗆			10 123	2   110
DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDI EXAMINER? 1	CAL HOSPITAL:	26. PLACE OF DEA	TH (Check only one)						
t TYES 2 NO	1 Inpatient 2 ER/O		OTHER:	ne 5 🗆 Residence	6 XOth	er (Specify)	HOSPIC	CE	
	28e. DATE OF INJURY (Month, Day, Year)		JURY WO	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCUR	ED	
2 Accident Investig	28e. PLACE OF INJU	RY — At home, ferm,			281. LO	CATION (Street o	and Number or	Rural Route Numb	Der;
4 Homicide determine		pecify)			City	or Town, State)			
anal .	PHYSICIAN: To the best of my kno (AMINER: On the besis of examinat							euse(e) and man	ner se stated
				29c. LICENSE N		o ono piece, an		GNED (Month, Di	
7	Jamo	MIS		D40			Þ 3	126/56	
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type	e, Print) 5	810 B	MA	× 120	16		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE	7)/						
MAR 29	1996 Julie Devi	don-Randa	2						

in a later and the over the

_					-	Certifica		Death		Reg. No.	0 3	017			
В	Physic	lan	Decedent's Name (First, Middle, La	st)					2. Dete of De Month	eth Day	Year	3. Time of Death			
	/Medi			arles	TH	URLOW			March 3		100	:15 AM			
<i>)</i>	Exami		4a. Facility Nama (If not institution, give	e street and number)				4b. City, Town, or L		h 4c. County					
	1196		Franklin Square					Rossvill		Balti	more C	ounty			
	Funeral Director		213-07-0312	Sex 7. Ag	e (In yrs. last birt	rs. If Uni	der 1 Year ns Days	Hours Min.	B. Date of Bir (Month, Da Jan	th ay, Year) 24,1917	9. Birthplac Country Ma 1	county e (State or Foreign yland			
	nyland		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town						10d. Inside City Limits				
	Me Ma	5	Maryland Baltin	nore	Bal	timore	:				1 ☐ Yes 2 H No				
	F 22	i e	10e. Street and Number			10f.	Zip Code	0.6		10g. Citizen of What Country?					
	23a	a	220 Lyndale Ave	nue			2123	00		United	States	3			
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or Items 23a or 28a-f show ont, the Medical Examinar must be notified at	by Funeral Director	11. Meritel Status  t □ Never Married 2 ☒ Married  3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces?  1  Yes 2 If Yes, Give Year or Detes:		1		lispenic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	Specific	ce - American ck, White, etc v: Whit				
20	72 ho	ted	15. Decedent's Ed		18a.	Decedent's U	suai Occup	pation	· la a	16b. Kind of B	usiness/Indus	itry			
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7	M digital	ő	12th Grade		Med	chanic	Forer				•	.1 y			
Maryland	2 2 2	Be	17. Father's Name (First, Middle, Last,					18. Mothar's Nam		, Malden Suman aurer	ne)				
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lar	d 2 should th and Mer 7 is merks traumatic		19a. Informant's Neme/Relationship (		- 4 0	_		and Number or Rui							
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more,			20a. Method of Disposition 1 X Buriel 2 ☐ Cremetion 3 ☐	Removal from State	20b. Place of cemeter)	Disposition (f r, crematory o	Vame of or other plea	ce)	Date	20c. Location	City or Town	, State			
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	permit. Pages Department of Important: If It eny Injury or o		21. Signature of Funerel Service Licensee 22. Name and Address of Facility 6415 Belair Road  John C. Miller, Inc. Baltimore, Maryland-21206												
<b>A</b> D	82558		Kathley	who has	upber/	John (	C. Mi	ller, Inc.				21206			
	20		23a. Part f. Enter tha diseasa, or complications that caused the death point enter the mode of dying, such es cardiac or raspiratory arrest, shock, or heer failure. List only one cause on each line.  Approximate on the mode of dying, such es cardiac or raspiratory arrest, interval Berther Onset and Death of the mode of dying, such es cardiac or raspiratory arrest, and possible of the mode of dying, such es cardiac or raspiratory arrest, and possible of the mode of dying, such es cardiac or raspiratory arrest, and possible of the mode of dying, such es cardiac or raspiratory arrest, and possible of the mode of dying, such es cardiac or raspiratory arrest, and possible of the mode of dying, such es cardiac or raspiratory arrest, and possible of the mode of dying, such es cardiac or raspiratory arrest, and possible of the mode of dying, such es cardiac or raspiratory arrest, and possible of the mode of dying, such es cardiac or raspiratory arrest, and possible of the mode of dying, such es cardiac or raspiratory arrest, and possible of the mode of dying, such es cardiac or raspiratory arrest, and possible or the mode of dying, such es cardiac or raspiratory arrest, and possible or the mode of dying, such es cardiac or raspiratory arrest, and possible or the mode of dying, such es cardiac or raspiratory arrest, and possible or the mode of dying are respectively.												
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	D #	Examiner		D			,-								
	cuter	a	Sequentially list conditions,	b. Pneumon	Due to (or as a c	onsequence o	of):				48	Hours			
0	tificate be axecuted ig physician and as the bunal-transit	Ě	Sequentially list conditions, if any, leading to immediata cause. Enter Undarlying Causa (Olsease or Injury that initiated avants	<sub>c</sub> Pneumoni	F-1-0						,	41			
68760,	hysic the b	edical	that initiated avants resulting in death) Last		Due to (or as a co	onsequence o	if):				7-3	months			
	\$ 00 m			d.Chronic	Dogningt	ory In	enffi	ciency							
Вох	attendin	an		d.Chronic	Keshilar	OLY III	Sulli	crency							
	he at	Physician/N	Part II. Other eignificant conditions of	ontributing to death b	ut not resulting in	the underlying	g cause giv	ren in Part I.	23b. Dld	tobacco use co	ntribute to th	ne cause of death?			
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	signed d be d	by	Asbestosis												
Vital Records,	v requires that the death cer been signed by the attendir should be detached for use	Completed							24a. Was perfo	en eutopsy ormed?	avails	eutopsy findings able prior to			
00	× 20 ×	ple									of de	eletion of cause ath?			
<u> </u>	0 - 5	Son							10	Yes 257 No	1 🗆 Y	es 25 No			
<u>z</u>	certificate rector, pag	Be (	25. Was case refarred to medical examiner?					28. Placa of Deat	th (Check only	one)					
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2	tending Pheath.		27. Mannar of Death 1 Natural 5 ☐ Pending	28a. Date of Inju (Month, Da		ime of jury	28c. injur Wor	y et k?	28d. Describe	how injury occur	red				
Division	Attending ir death. ector: After by the fune	Certification:	2 ☐ Accident invastigation	1		М		Yes 2 □ No							
ž		Ħ	3 Sulcide 6 Could not be determined		28f. Location (	Street and Numb	per or Rural R	oute Number,							
	rs after all Dir	Ce		building, etc. (Specify)  City or Town, State)											
	To the Hospital or Atwithin 24 hours after of To the Funeral Direct completely filled in by	edicai	29a. Certifier Certifying Ph	yelclan: To the best	of my knowledga,	daath occurre	ed at the tir	ne, date and place,	and due to the	cause(s) and me	anner as state	ed.			
	the Hingh														
	one)  and manner stated.  29b. Signature and title of certifier  and manner stated.					1	29c. Licens	9 number 9 4 (	/	29d. Date signe		y, Year)			
							U.	17/10		3/31	196				
,	11)		30. Nama and address of person who	completed cause of d	eath (Item 23a) (	Type, Print)									
1	U		Koroush Khalighi N	1.D. 9000	Franklir	Squar	e Dri	ve Balt	imore.	MD 21237	7				
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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 093 | 8

							(	Certificat	e of	Death		F	leg. No.	0	0000	
	hveici	ian	Decedant's Name (First, Middle, Last)							2. Data of Death 3. Time of Death					3. Time of the	
	•		LACHESIA						WAR			MARCH			04:31 A	
E	Examir	ner	4a. Facility Name (If not									cation of Death		y of Death		
F.	moval		1200 blk 5. Social Security Numb			F . Aga (In yrs.	lest birth	dev) If Unde	1 Yaar	BALT			N/		place (State or Foreign	
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nyland	How #		10a. State 10t	o. County		10c. Cit	y, Town	or Location						1	Od. Inside City Limits	
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urs efter d	To the Funeral Director. After this certification has been signed by the attending physician end completely filled in by the funeral director, page 2 should be detected for use as the burial-transit completely filled in by the funeral director, page 2 should be detected for use as the burial-transit completely filled in by the funeral director, page 2 should be detected for use as the burial-transit completely filled in by the funeral director, page 2 should be detected for use as the burial-transit completely filled in by the funeral director. To Be Completed by Physician/Medical Examiner To Be Completed by Physician/Medical Examiner To Be Completed by Funeral Director	1- Never Married 3 Widowed 4		Armed Ford  1  Yas 2  If Yes, Give  Year or Dat	es? No	,5.	13. Was Dacedant of Hispanic Origin? (Specify Yes or No- if Yes, specify Cuban, Maxican, Puarto Rican, atc.)  1 Yas 2 No Specify:  Specify: B1a							atc.		
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To the Hospital or within 24 hours after	erun	edical	29a. Certifiler  (Check only one)  1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.  2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.													
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-	)		8-46					O.C.M.E.				MARCH 27, 1996				
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State of Maryland / Department of Health and Mental Hygiene 96 19319

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	/Medi		MADELINE WRIGHT	3	25	96 9-Am						
7	Examir	ner		r Location of Death								
H	-		FOULY HILL MA OO.  5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 H	-								
	Funeral Director		Usual Residence of Decedent	n. (Month, Da	y, Year) 21 - 11.	9. Birthplace (Steta or Foraign Country)  Physical Description  Physical Physical Country  Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical Physical P						
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	/Medicai		Immediate Ceuse (Final disease or condition resulting in death)  e. Cerebro vascula Accidant day									
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	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	Cartifying Physician: To the best of my knowledge, deeth occurred at the tima, data and place, and due to the cause(s) and manner as stated.  Check any characteristics of examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.									
	To t	Σ	29b. Signature and title of carolier 29c. Licansa number		29d. Dete signed	(Month, Dey, Year)						
			1-1704	1	28 N	lar96						
			30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)		0 .	000.44						
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DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 9 5 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deat Rich Month 03 **Physician** ashini /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltmon medical VA Baltimore
If Under 24 Hrs.
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9. Aga (In yrs. lest birthdey) Surity Number 124 6. Sex 10 M 20 F 9. Birthplece (Steta or Foraign Country) MARY LAND **Funeral** Director Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location r 28a-f ehow 10d. Inside City Limits 1 Yas 2 No NIA MARVLAND BALTIMORE Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Peges 1 and 2 should be filed within 72 hours after death with inent of Health and Mental Hygiene.
Int: if Item 27 Ia merked other than "natural", or Items 23a or inty or other traumatic event, the Medical Exercities must be no AVENUE SHIRLEY USA. Funeral 14. Race - American Indian, Black, Whita, etc. 12. Wes Decedent Ever in U.S. Armed Forcas? 13. Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Ricen, atc.) 11. Maritel Status 1 X Yas 2 □ No If Yes, Give Yaar or Detas: 1 Naver Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) UNKNOWN DRIVER DAVIDSON TRANSFER CO. 17. Fether's Neme (First, Middle, Last) 18. Mothar'e Name (First, Middle, Meiden Sumeme) Be P WASHINGTON KICHARD ( PARRETT 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2461 SHIRLEY AVE., BALT, MORE, MD. 21215
ace of Disposition (Name of Dete 20c. Location - City or Town, State RANCES WASHINGTON 20e. Method of Disposition permit. Peges Department of Important: If it any injury or o ₩ Burial 2 Cremetion 3 Removal from State GARRISON FOREST CEMETERY 4-2-96 DWINGS MILLS, MD. 5 Other (Specify) 4 Donation 21. Signeture of Funeral Service Licensee

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29. Neme end Address of Facility

Approximate

Approximate Physician Pneumonia Immediete Ceuse (Final disease or condition resulting in death) /Medical 48 hos Examiner Due to (or as a consequence of) Examiner Pulmonary Disease Sequentielly list conditions, if any, leeding to immadiate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Physician/Medical Dua to (or es a consequence of): Division of Vital Records, P.O. Box 687 88 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23h. Did tobacco use contributs to the cause of death? 1 Nes 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy findings available prior to completion of cause of death? 24e. Wes en autopsy performed? Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physicien: funeral director, 25. Wes case referred to medical axaminer?
1 ☐ Yes 2 ☑ No 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Investigation Naturei 2 Accident 24 hours after death. Funeral Director: Af 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) end mennar es stated.

2 Medical Examinar: On the basis of examination end/or invastigation, in my opinion, deeth occurred et the time, dete and piece, and due to the cause(s) end mennar stated. 29a. Certifier Medical To the within 2 To the 29b. Signatu 29d. Data signed (Month, Day, Year) 29c. License number MD me end address of person who completed cause of deeth (Item 23a) (Type, Print) BVAME MD Davis APR 01 -32. Registrer's Signature

**DHMH 16 Rev 6/95** 

Registrar

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State of Maryland / Department of Health and Mental Hygiene 96 0932

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State of Maryland / Department of Health and Mental Hygiene 96 09

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Death **Physician** Caroline LUCILLE Zitnick 1996 8:15 p.m. /Medical March 26 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Stella Maris Towson Baltimore 8. Dete of Birth (Month, Dey, Year) Dec. 10, 1909 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 6 Sex 7. Age (In yrs. lest birthday) **Funeral** 1 M 2 X F Months Days Yrs. 86 Director 212-05-0174 Usuel Residence of Deceden 10e Stete 10h County 10c. City. Town or Location 10d. Inside City Limits 28a-f show Examiner number notified at Director 1 ☐ Yes 2 TX No Baltimore Towson the 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò items 23a 8302 Alston Rd. 21204 U.S.A. Funeral 12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 11. Merital Stetus 72 hours efter 1X Never Merried 2 ☐ Married Bartimore, Maryland 21215-0020 9 1 ☐ Yes 2 ☐ No Specify: Specify: PV 3 ☐ Widowed 4 ☐ Divorced "natural", White Completed the Medical 16e. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacadent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) than Elementery/Secondery (0-12) filed within Hygiene. College (1-4or 5+) 12 Supervisor Telephone marked other 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Health end Mental H Anton Zitnick Mary Klement 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Straet end Number or Rural Route Number, City or Town, Stete, Zip Code) Robert P. Melocik 8302 Alston Rd. Towson, Md. 21204 permit. Pages 1 an Department of Heat Important. If Item 2 any Injury or other 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) 3/29/96 Most Holy Redeemer Baltimore, Md. 22. Name end Address of Fecility Ruck Towson Funeral Home, Inc. 0 1050 York Rd. Towson, Md. 21204 Part. Enter tha disease, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only ona causa on aach line. Approximate Interval Batw Onset and Deeth Physician /Medical Immediata Cause (Finet a Arteriosclerotic Cardiovascular Disease diseese or condition resulting in deeth) Years Examine Due to (or es e consequença of): Years Dementia certificate be executed -transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): physiclan es the buriel-Box 68760. Physician/Medical Due to (or es a consequence of) 5 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. o the 23b. Did tobacco use contribute to the cause of death? signed by t 548US7 1 Yes 2 No 3 Probably 4 Unknown ۵ Records, þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed peen page 2 hes certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital al or Attending Physician: T s efter death. Il Director: After this certifical od in by the funeral director, p 25. Wes case refarred to medical examiner? Be 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Natural 5 Pending 1 ☐ Yas 2 ☐ No 2 Accident investigetion 8 Could not be detarmined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours eft To the Funeral Di completely filled in 1 Sertifying Physician: To the best of my knowledge, deeth occurred et tha time, dete end piece, end due to the causa(s) and mennar es stated.
2 Metical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the causa(s) end mennar stated. 29a. Certifier Medical (Check only one) 29c. License number 29b. Signature and 29d. Dete signed (Month, Day, Year) SKOEds 6.5 3-27-96 30. Nema end address of person who complated cause of deeth (ttem 23e) (Typa, Print) Eddie Nakhuda, M.D. 2300 Dulaney Valley Road, Towson, MD 21204 31. Data filed (Month, Day, Year) 32. Registrar's Signeture State Registrar

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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. ITEM: 25. PER DR. FILM G-736 State of Maryland / Department of Health and Mental Hygiene 6/4/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death Dev 200 49 **Physician** Katherine Adams March 31, 1996 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3320 Bero Road Lansdowne Baltimore H Under 1 Year | H Under 24 Hrs. | 8. Data of Birth | 9. Birthpieca (Stata or F Country) | Months | Deys | Hours | Min. | May 17, 1950 | Baltimore 5. Social Security Number 7. Aga (In yrs. last birthday) Birthpieca (Stata or Foreign Country) **Funeral** 1□M 20F Yrs 216-58-4703 45 Director Usual Residence of Decedent the Meryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner must be notified at <u>Maryland</u> Baltimore Lansdowne 1 ☐ Yes 2 No Direct 10a, Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 21227 3320 Bero Road 238 United States death Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva Yaar or Detas: Herna Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, apecify Cuban, Maxican, Puarto Rican, atc.) 14. Rece - American Indian, permit. Peges 1 and 2 should be filed within 72 hours after d Department of Heelth and Mental hygiene. Important: If frem 27 ie marked other than "natural". A strain filer or other traumstic eventuals. Black, Whita, atc. 1 Nevar Married 2 Merried 1 ☐ Yes 2 X No Specify: Specify: white by 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondery (0-12) Receptionist construction 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Thomas N. Martin Dorothy F. Dodge 19a. Informent'a Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Thomas Adams, husband 3320 bero Road Lansdowne, Maryland 21227 20b. Plece of Disposition (Neme of cematary, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 N Burial 2 ☐ Crametion 3 ☐ Remove from State 4 ☐ Donetion 5 ☐ Other (Specify) 4/3/96 Brooklyn, Maryland Cedar Hill Cemetery 22. Nama and Addrasa of Fecility Ambrose Funeral Home of Lansdowne BM 2719 Hammonds Ferry Road 23a. Part1. Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one cause on sech line. Approximeta Interval Between Onset and Death Physician Immediate Cause (Finel disaesa or condition resulting in death) Metastatic Rectal /Medical Zyn Examiner Due to (or es a consequence of) Examiner physician and the burial-transit that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Box 68760. Physician/Medical Dua to (or as a consequence of): for use as P.O. signed by the e Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 100 3 Probably 4 Unknown Division of Vital Records. þ should b 24b. Were autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy page 2 s has 1 Yes 1 □ Vas 2 □ No Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certific Be 25. Was case referred to medical exeminer? 26. Plece of Death (Check only one) 1 Yes 2 No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidanca 8 Other (Specify) Certification: To Aftar this 28a. Dete of injury (Month, Dey Year) 27. Manner of Death

1 Natural

2 Accident 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding investigation 1 Yes 2 No 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) illed in by 4 Homicide 24 hours o Certifying Physician: To the beat of my knowledge, deeth occurred et the time, date end piece, end due to the cause(s) and manner as ateted.

| Medical Examiner: On the beat of axamination and/or invastigetion, in my opinion, deeth occurred et tha tima, deta and piece, and due to tha ceuse(s) end menner stated. 29e. Certifier Medical completely To the To the I 29b. Signature and titia of certifier 29d. Data signed (Month, Day, Year) 29c. Licansa number 124356 MD 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Wm. C. WATERFIELD LD St Agnes Hasp, tal
32. Registrar's Signeture 31. Date filed (Month, Dey, Year) State

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Registrar

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96-1640-510 ITEM : 1 PER COURT ORDER G-737 7/1/96 reb Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. B.K.S State of Maryland / Department of Health and Mental Hygiene ITEM#20b620c film g734 4/01/96 ag per FH Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth Month **Physiclan** ADEBAYO AKA FEMI ODEIGUN FEMI MARCH /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GOOD SAMARITAN HOSPITAL E.R. BALTIMORE 7. Aga (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number **Funeral** 1**№** M 2□ F 073 -74 - 6226 Director Usuei Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location must be notified at Balto. N, A Director Md 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1619 21234 U.S.A death Funeral 12. Was Decedent Ever In U.S.
Armed Forcas?
1 ☐ Yes 2 ☑ No
If Yes, Give
Yaar or Detes: Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) Race - American Indian, Black, White, etc. 11. Marital Status 'naturel', or Item filed within 72 hours efter 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation
(Give kind of work done during most of working lifta. DO NOT use retired)

Carl Dimes The Medical 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. other than marlen Degree Eiamentary/Secondery (0-12) NIA . Pages 1 and 2 should be filed w iment of Health and Mental Hygler lant: If item 27 is marked other the lury or other traumatic event, Ital 17. Fethar's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Compat Blatwinie VAMC 5 ALO 19e. informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Balto AN/how y

20e. Method of Disposition MErCURY No6 20b. Plece of Disposition (Nema of cemetery, cremetory or other place) Date 20c. Location - City or Town, Stete LAGO NIGERIA, AFRICA 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stata permit. Page Department of Important: If eny Injury or LUKÉS ANGLICAN CEN 4/4/96 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funegal Service Licenses FUNETAL LOCKS Part. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errast, shock, or neert feilure. List only one cause on each lina. **Physiclan** /Medical immediete Cause (Finel · AFTERIOSCUPTOTIC CAPDIOVAS CULAR DISEASE diseese or condition resulting in deeth) Examiner Examiner Sequentielly list conditions, if any, leading to immediate ceusa. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Physician/Medical Due to (or es a consequenca of): The lew requires that the death certifical 089 Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. signed by þ 24a. Was an autopsy performed? 2 No

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To the Hospital or within 24 hours eff To the Funeral Di completely filled in D

23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown

24b. Were autopsy findings available prior to completion of cause of death?

Approximeta Interval Betw

2305 PM

Birthpleca (Steta or Foreign Country)

Black

10d. Insida City Limits

1 Yes 2 No

28. Place of Deeth (Check only ona)

1 ☐ Yas 2 ☐ No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA XXYes 2 No 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 1 Netural 2 Accident 5 Pending investigation 1 Yes 2 No

3 Suicide 8 Could not be determined 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end manner as steted.

\*\*Addical Examiner: On the best of exempletion and/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) and menner stated. 29a. Certifier 29b. Sonature and title of certifier 29c. License number O.C.M.E

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) Mario F. Golle Jr. M.D. 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Dete filed (Month, Dey, Year)

APR 0 1 1996

32. Registrer's Signetura this Shoulear Rachell

DHMH 16 Rev 6/95

29d. Date signed (Month, Day, Year) 6

AL

#### Piease Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible.

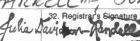
State of Maryland / Department of Health and Mental Hygiene 09325 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death Month **Physician** MEREDITH ADDT SON MARCH 30, 1996 12:04 PM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY n/a 5. Social Sacurity Number If Under 1 Year | If Undar 24 Hrs. 6. Sex ... 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) Data of Birth (Month, Day, Year) **Funeral** Yrs. 64 Director 217-26-8582 Maryland Usual Residence of Decedent 10a State 10h Counts 10c. City, Town or Location 10d. Inside City Limita 28a-f show the Medical Examiner nust be notified at 1. Yes 2 □ No Director Maryland n/a Pikesville 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 6 238 1313 Robin Road 21208 USA death Funeral permit. Peges 1 and 2 should be filed within 72 hours after death Department of Health and Mental Hygiene. Important: if than 27 is marked other than 27 is marked other than 27 is marked other than 27 is marked other than 27 is marked other than 27 is marked other than 2000. **Rema** 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Raca - Amarican Indian, Black, White, atc. 11. Marital Status 1 Yes 2 No If Yes, Giva Year or Detes: 1 □ Naver Married 2 □ Married 1 Yes 2√2 No Specify: Specify: by 3 ☐ Widowed 4X Divorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/industry (Specify only highest grada completed) Elementary/Secondary (0-12) College (1-4or 5+) Teacher Balto City Public Sch 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Elmer Addison Evelyn Smith 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Marcia Lansey/Monica Addison 1313 Robin Road Pikesville, Maryland 21208 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Arbutus Memorial Park Apr 4 Baltimore County, MD 21. Signatura of Funeral Service Licansee 22. Name and Addrass of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 Farker 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** Immediata Cause (Final disaasa or condition resulting in death) /Medical ASPIRATION INEUMONIA

Due to (or as a consequence of): 3-4 days Examiner Examiner week physician and s the burial-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events rasulting in death) Last ALTERATION IN

Due to (or as a consequence of): Box 68760. Physician/Medical ettending p DISEASE MONTH Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. ed by the detached 23b. Did tobacco use contribute to the cause of death? Records, P.O. 1 Yes 2500 3 Probably 4 Unknown mouno com promises signed l þ 24b. Wera autopsy findings available prior to Completed 24a. Waa an autopay performed? completion of cause of death? page 2 s 1 Yes 2 No 1 ☐ Yes 2 No certificate Sivision of Vital Attending Physician: Be 25. Was case referred to medical 28. Piaca of Death (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 ☐ Yes 2 No 1 Impatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) Medical Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Alle 5 Pending Investigation Natural 1 ☐ Yea 2 ☐ No death 2 Accident Orector: 3 Suicide 6 Could not be datarmined Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) or A 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the tima, data and place, and due to the causa(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29c. Licansa number 29b. Signature and title of carpiner 29d. Date signed (Month, Day, Year) RESIDENT PHUSICIAN 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) JOHNS HOPKINS HOSOTIAL BALTIMORE FARRELLMO

State Registrar 31. Data filed (Month, Day, Year) Julia Javidon





3. TIME OF OEATH

REG. NO.

2. DATE OF OEATH

FOR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 6	9289
VISION OF VITAL RECORDS, P.O.	×
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5:00 a.m. Jack G Adams March 17 1996 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS MONTHS 1 Q M 2 D F 73 Maryland Jan.16,1923 216-18-0404 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5070 Harmony Road Caroline Co. Preston 10a. STATE tob. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Caroline Co 1 YES 2 NO Maryland Preston permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? use as the burial-transit 5070 Harmony Road 21655 U.S.A. after death. Page 6 may be retained by the hospital or attending physician. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, etc.) t Never Married 2 Merried 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced White WW II ED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) ET funeral director, page 5 should be detached for Elamentary/Secondary (0-12) College (1-4 or 5 +) COMPL 12 Proof Reader Maryland Composition 17. FATHER'S NAME (First Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) # Roland Adams Ethel Bristo notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Diane Bridegroom 5070 Harmony Road Preston, Maryland 21655 pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 is Buriel 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) must Baltimore National Cemetery March 20,1996 Balto.Md 21. SIGNATURE OF PUNERAL SERVICE LICENSEE examiner McCully Funeral Home 3204 Mountain Rd. Pasadena, Maryland 21122 and completely filled in by the burial, cremation, or removal. medical 23. PARTA. Enter the diseases, or complications that caused the Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart feliure. List only one cause on each line Interval Batween IMMEDIATE CAUSE (Finel Onset and Death the disesse or condition \_\_\_\_\_ Con9 25 Tive 3 whes event. DUE TO OR AS A CONSEQUENCE OF other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING physician **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending reaulting in death) LAST 6 the atten PART II. Other aignificant conditions contributing to death byt not resulting in the underlying cause given in Part 1. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the PERFORMED? AVAILABLE PRIOR TO Ren shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 TNO 1 YES 2 NO been of of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO UNCERTAIN PHYSICIAN: Dept. 23 certificate has 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Hem State **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, with this Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After to hours after death item 28 is mark BY 2 Accident PLACE OF INJURY — At home, fsrm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(s) and ma TO THE FUNERAL C DO FIND WITHIN 72 h 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and pla 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 9 29 5 2 NO MODARS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) 0 2160 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) OHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	TEGIOTION				OLITTI	IOA	<u> </u>				1EG. 140.			
	1. DECEDENT'S NAME (First,				ВС	OYO				2. DATE OF MONTH	ar 27	1996	3 YEAR	3. TIME OF DEATH 10:05 pm M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In	yrs. last birthday	) IF UNI	DER 1 YEAR	-	24 HRS.	7. DATE OF I	ly, Year)		Country	
	219-16-28		- 21	70	ing.	1				4/11	/192			imore, Md.
<u> </u>	9a. FACILITY NAME (II not in Saint Jose					9b. C	9b. CITY, TOWN OR LOCATION OF DEATH TOWSON, Maryland						NTY OF DI	
2	RESIDENCE OF DEC	CEDENT												
ווים	10a. STATE	10b. COUNTY	1	_	10c. C	CITY, TOWN OR LOCATION							T	10d, INSIDE CITY
FUNERAL DIRECTOR	MD	N/A			E	Balt	imo	re						LIMITS?
4	10e. STREET AND NUMBER						1	10f. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
5	3922 Mt.Pleasant Avenue 21224 USA													
5	11. MARITAL STATUS		12. WAS DECEDEN			1	I3. WAS DI	ECENDENT (	OF HISPAN	NIC ORIGIN? (S	pecify Yae	or No-		- American Indian,
10	1 Never Married 2 3 Widowed 4 2 Divo		FORCES? 1		2 NO			Specify Cube		in, Puarto Rice y:	n, etc.)			White, atc. White
	15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY													
u l	(Specify only	y highest grade	completed)		(Give kind o	work do	ne during i	most of works	ng	16b. KII	ND OF BUS	HNESS/INC	DUSTRY	
ן צ	Elementary/Secondary (6	)-12)	College (1-4 or 5	•)								-115		
E	6th				Hom	ema:	ker				n o	wn h	nome	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, Midd	lle, Maiden	Surname)		
מב	Philip Ca	aruso						Jc	sen	hine	Pre	tero	atti	
	19a, INFORMANT'S NAME (7		daughte	r	19b. MAILII	NG ADDRI	ESS (Stree			Floute Number,				
-	Josephine	Bucl	hheit	_	207	Cr	OSSI	Point	. 0	+ 7.1-	ina	don	Nr.a	21000
	20a. METHOD OF DISPOSIT	ION		20b. P	LACE AND DAT	EOFDISP	OSITION	Name of	EL	DATE	20c. LO	CATION -	City or To	21009 wn, Stata
	1 Durtal 2 - Crematic	on 3 🗆 Rem	oval from Stata	cemet	ery, cremetory o	r other plea	ce)			3/30/	96 1	321+	imo	re Ma
	1   R Burtal 2   Cremation 3   Removal from Stata   Cemetery, cremetery or other piece)   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus Cemetery   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. Stanislaus   St. St. Stanislaus   St. St. Stanislaus   St. St. Stanislaus   St. St. Stanislaus   St. St. Stanislaus   St. St. Stanislaus   St. St. Stanislaus   St. St. Stanislaus   St. St. Stanislaus   St. St. Stanislaus   St. St. Stanislaus   St. St. Stanislaus   St. St. St. Stanislaus   St. St. St. S													
	263 C Carrier N. Zanni											unino Jr.		
	Mari	a Ni	Lanne	m		-	203	J. (	OHK	TING	St.	Bal	time	ore and.
	23. PART I. Entite the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart failure. Ust only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  CARDIOGENIC SHOCK  a. DUE TO DE A A COMPRONIC OF.													
	DUE TO (OR AS A CONSEQUENCE OF):													
2	Sequentially list conditions ISCHEMIC CARDIOMYOPATHY													
2	Sequentially list conditions, if any, leading to immediate													
CERTIFICATION	CAUSE (Disease or Injury													
	thet initieted evente		DUE TO	(OR AS A C	CONSEQUENCE	OF):	NF):							
<u> </u>	resulting in death) LAS	resulting in death) LAST												
	PART II. Other significa	int condition	as contributing to	death had	t not require	a in the	undarlu	Ing ceues	aiven I-	Part I A	a. WAS AN	ALIMOROV	244	WERE AUTOPSY FINDINGS
3	CHRONIC		_					my couse.	Aisau IU	PRICT. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
5	UNIONIC	ODOIN	WOHAE L.C	- IAICAI	WHITE LANC		<u></u>			1	YES 2	NO.		OF DEATH?
ME														1 - YES 2 2 10
- 1	DID TOBACCO U	ISE CONT	RIBUTE TO CA	USE OF	DEATH '	YES [	] NO	☐ UNG	CERTAI	N 🗆				
SICIAN	25. WAS CASE REFERRED T	O MEDICAL		20	6. PLACE OF D			70)						
	1 YES 2 NO		HOSPITAL:	ER/Outpat	tient 3 🗆 DOA	OTH		ome 5 🗆 R	asidence	6 Other (S	pecify)			
FE	27. MANNER OF DEATH	Pending	28a. DATE Of (Month, L	F INJURY Day, Year)		IME OF	20c. I	NJURY AT WORK?		28d. DESCR		NJURY OC	CURED	
'n	2 Accident	Investigation	28a PLACE /	DE IN RIDY	- At home, term			YE\$ 2	NO	000 1 0007	DAL (01		D 1	Route Number,
ED	3 Suicide 8 4 Homicide	Could not be determined	building	atc. (Specify	y)	ii, atraet, 1	uictory, or	iiica			own, State)	ina Numbe	r or nurei r	voute Number,
COMPLE	29a. CERTIFIER	TIFYING PHYS	CIAN: To the beat o	f my knowle	doe death occ	erred at th	ne time, di	ata and place	and due	to the cause/	e) and man	ner en ete	ted	
È	one)													) and manner as stated.
3							,							
u u	29b. SIGNATURE AND TITLE	OF CERTIFIE	and L	0	luo				3026					(Month, Day, Year) 29-96
2	30. NAME AND ADDRESS OF FRANCIS KH						NTER	S TYNKA	SONI	MADVI A	ND 4	H 204		70
						L UE	MICL	1 LOAM	ואוטכ	VIPAC) I LP	UVL) 2	1204		
	APR 0 2	996	32. REGISTA	AB'S SIGNAT	Manda 82									
_														

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O C

				State of M	iaryiani		tificate of	Death		giene Reg. No.	96 (	9328
	Physici /Medi		1. Decedent's Nama (First, Middla,	. Bay v	1e s	ir.			2. Data of De Month		1996	3. Tima of Death  9.1 40AA
	Examir		4a. Facility Nama (If not institution,					4b. City, Town, or L	ocation of Deett	1	County of Death	
			Howard County G  5. Social Sacurity Number			ast birthday)	If Under 1 Yeer	Columbia If Under 24 Hrs.	8 Date of Bir		Howard	inno (Stato or Foreign
	Funeral Director		212-44-1143 Usuel Rasidance of Decedant	1 <b>⊠</b> M 2□F	51	Yrs.	Months Days		8. Dete of Bir Month, Da 10/11/	44 Year)	Coun	Md.
	yland		10a. Stata 10b. County		10c. City	, Town or Loc	cation				1	0d. insida City Limits
	o Mai	Funeral Director	Md. Anne Ar	undel		G1er	Burnie					1 ☐ Yes 2 No
	vith th	Dire	10e. Street and Number				10f. Zip Code	60			en of What Cour	itry?
	eath v	eral	105 Leonard Co	12. Wes Decedant	Ever in 11	S 13 W	210		acify Ves or No	U.S.A. v Yes or No-		
020	72 hours efter death with the Maryland natural, or items 23a or 28s-f show dical Examiner must be notified at	by Fun	1 Nevar Married 2 Merrie 3 Widowed 4 Divorced	Armed Forces	? No	lf	Yas, specify Cub	Hispanic Origin? (Spean, Mexican, Puerto Specify:	Rican, etc.)	Black, White, etc.  Specify: White		
2-0	72 hou	peted	15. Decedant's (Specify only highest	Education		16a. Deced	ant's Usual Occup	petion	16b. Kind of Busin			
21215-0020	within 72 hours ene. than "natural", he Medical Exe	Completed	Eiamantary/Secondary (0-12)	College (1-4or	5+)			during most of work		- 1	1.0	
	filed within Hygiene. ther than "		17. Fethar's Nama (First, Middla, Le	est) 4		Comput	ter Syste	ems Anayl			ral Gov	ernment
Maryland	id be ked o ic eve	To Be	Melvin Bayne						Ratcli			
lary	pomit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylar Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at ance.	1-	19a. Informant's Name/Raletionship	(Type, Pnint)	ral Routa Numb	er, City or	Town, State, Zip	Code)				
			Larry L. Bayne			ld. 2106						
Baltimore,			20e. Mathod of Disposition  1 ☐ Burlei 2 ☑ Crametion 3  4 ☐ Donation 5 ☐ Other (Spe		CE	emetery, cram	sition (Name of latory or other pia ematory	4/3	/96		nsville	
Ball	permit. Pag Department Important: It any Injury o		21. Signatura of Funerei Service	Cath	50	22.		ess of Facility Funeral Patapsco				21 225
	Physician		23a. Part1. Enter tha diseese, of coshock, of haart failure. List or	omplications that cause ily ona ceusa on aach l	d tha caath lina.	. Do not anta	r tha moda of dyi	ing, such as cardiac	or raspiratory a	rrest,	TES TIME	Approximeta intarvai Between Onset end Deeth
ı	/Medical Examiner		immediata Causa (Final disease or condition rasulting in deeth)	1	tomin's							
Н	D #	Iner		ce/	2600	vasc	ular o	accider	14-6	hen	11t she	e zyrs
	and Arrans	Examiner	Sequantially list conditions,	D	Dua to (or	as a consequ	uance of):	0.1		/	0	
68760,	ficate be executed physician and s the bunal-transit	alE	Sequantially list conditions, if any, laading to immediata cause. Entar Underlying Cause (Disaase or injury that initiated evants	c. ath	eros	sclen	one a	cerdibu	ascul	010	disease	2 5415
	- Co co	Medical	resulting in death) Lest		Dua to (or	as e consequ	ience or):				i	
Box	that the death certif ed by the attending deteched for use a	Physician/M		d							1	
	D a D	yslc	Part II. Other significant conditions					van in Part i.	23b. Did	tobacco u	ss contribute to	the cause of death?
, P.O	es that the igned by be detact	by Ph	ischemic o	cardior	ny	pat	hy		10	Y98 2	No 3□ Pro	bably 42 Unknown
of Vital Records,	requir	Completed b	ischemic o	e hear	1	faile	ure			an autops rmed?	EV CO	are autopsy findings alleble prior to mpletion of cause death?
Re	6 2 8	omo	J						10	Yes 2		Yas 20 No
/ita	reiclan: The s certificate director, pag	Bec	25. Was casa referred to medical axaminar?			/		26. Piace of Dear	th (Check only o	one)		
of	Physician: this certific ral director,	To	1 Yas 2 No	Hospitai:		ER/Outpatient	3LI DOA				Other (Specif	(v)
sion	After fune	tion	27. Manner of Death  1 ☑ Naturai 5 ☐ Panding  2 ☐ Accident invastiga	28a. Data of Inju	ay Year)	26b. Time of injury	28c. Inju Wo	rk? Yes 2 2 A	28d. Dascribe	now injury	occurred	
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	10		30. Nama and address of person wi	man MI	death (Item	23a) (Typa, F	Anima's	m Dr., c				
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State of Maryland / Department of Health and Mental Hygiene 96 09329

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		1. Decedent's Neme (First, Middle	2 1124					2. Dete of Dee Month		Veer	3. Time of Death	
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		Horizon Spe	ciality	Center			Baltimo			N/A		
Funeral Director		5. Sociel Security Number 216-05-4995	6. Sex 7 XXM 2□ F	. Age (In yrs. las	Yrs. if Un Mont	der 1 Year ns Deys		8. Dete of Birth (Month, Dey August 2	7, Year) 5, 1913		olece (Stete or Foreign oltry) yland	
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the Marylar 28a-f show notified s	Director		N/A		Baltim	ore	City				1 XYes 2 □ No	
£ 22	Dire	10e. Streat end Number			10f.	Zip Code			log. Citizen of What Country?			
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To the Hospital or Attending Physician The law within 24 Hours after death.  To the Funeral Director: After this gardicate has completely filled in by the funeral director, page 2	Certification:	2 Accident Investig 3 Suicide 6 Could r 4 Homicide determ	ot be 28e. Piece o	f injury - At home , etc. (Specify)	e, ferm, street, fec		111311	28f. Location (S City or Tow	itreet end Num n, Stete)	ber or Run	al Route Number,	
To the Hospital within 24 hours of the Funeral completely filled	edicai (	20 Certifier Chart only 2 Medical	Physician: To the b Examiner: On the bas end menne	is of examinetion	edge, deeth occurr n end/or investigat	ed et the ti ion, in my o	ime, dete end plece oplnion, deeth occu	, end due to the c rred et the time, c	cause(s) end m dete end piece,	enner as a and due to	tated. o the cause(s)	
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death March 29,1996 **Physician** GENEVIEVE CECELIA BARNES 5:00 P.M. /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 7033 Eastbrook Avenue Eastwood Baltimore 6. Dete of Birth (Month, Pey, Year) 10 31 19 If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) Birthpiace (State or Foreign Country) **Funeral** Months Deys Hours 213 05 6072 1 M 2 XF 76 Yrs Director Maryland Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Health and Mentel Hygiene.
Important: if item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Exempla. 10a. State 10b. County 10c. City, Town or Location Eastwood 10d. Inside City Limits Baltimore Md. 1 Yas Z No Director 10f. Zip Code 21224 10e. Street and Number 10g. Citizen of What Country? 7033 Eastbrook Avenue Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 X No Specify: specify White þ 3 Widowed 4 Divorcad Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Buainess/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) Boundery Lithographic 17. Fether's Name (First, Middle, Last) 16. Mother's Neme (First, Middle, Meiden Sumeme) Be James Kozlowski Veronica Unknown 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 5313 Hollowstone Circle Baltimore, Md. 21237 19a. Informant's Neme/Relationship (Type, Print) Richard H. Barnes, Son 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State Date 1 X Burial 2 ☐ Cremetion 3 ☐ Removal from State Overlea, Md. 4-1-96 Gardens of Faith 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility Charles S. Zeiler & Son Inc. 21. Signature of Funeral Service Licenses 6224 Eastern Avenue Balto., Md. 23a. Pert1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such es cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Onset and Deeth **Physician** /Medical immediate Ceuse (Final Metastatic Adenocarcinoma of the Cong 5 40 disease or condition resulting in deeth) Examiner Examiner physician and the burial-trensit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Division of Vital Records. P.O. Box 68760. Physician/Medical Due to (or es e consequence of): for signed by the a Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uss contribute to the cause of death? 1X Yss 2 No 3 Probably 4 Unknown ò 24b. Were autopsy findings avelleble prior to 24a. Was an eutopsy performed? Completed peed completion of cause of death? certificate has page 2 1 Yes 2 No after death.

Director: After this certifica 25. Wes cese referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 1 Yes 2 No 0 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 □Other (Specify) funerai 26e. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 3 4 Homicide Medical 29a. Certifier 🗷 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) end manner as stated. 2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date and piece, and due to the cause(s) and menner stated. 29b. Signature and title of certif 29c. License number 040609 29d. Date signed (Month, Day, Year) North Point Medical Center 30. Name and eddress of partition who co pleted ceuse of deeth (item 23a) (Type, Print) 1005 N. Point Blvd. Ste. 700 Baltimore, MD 21224 31. Date filed (Month, Dey, Year)
APR n 2 1996 31 Register's Signeture Randell State APR 02 Registra

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		1. Decedent's Nama (First, Middle, Last)		Reg. No.	O Total Death
Physic /Med		SARA BROWN	2. Data Monti MAR	CH 29, 1	3. Tima of Death 996 1235 pm
Exami	iner	4a. Facility Nama (If not institution, giva street and number)  SINAI HOSPITAL	4b. City, Town, or Location of BALTIMORE	Death 4c. County N/A	of Death /
Funeral Director		5. Social Security Number 8. Sex 7. Aga (In yrs. last birthday) 1 M 2 1 F 87 Yrs. 1 Months Days	Hours Min. (Mont	of Birth h, Day, Year) E 1,1908	9. Birthplaca (Stata or Foreign Country) NEW YORK
yland		Usual Rasidance of Decedant  10a. Stata 10b. County 10c. City, Town or Location			10d. Inside City Limits
Ba-f s	Director	MARYLAND BALTIMORE BALTI	MORE		1 Yes 2 No
with the		7313 PARK HEIGHTS AVE, APT. 107 21208		10g. Citizen of V USA	What Country?
Z I Z I S-UUZU  Within 72 hours after death with the Maryland jiene.  r than "naturel", or itema 23a or 28a-f show the Medical Examine must be notified.	/ Funerai	11. Marital Status  12. Was Decedant Evar in U,S. Armed Forcas?  1 Navar Marriad 2 Married  1 Yas 2 No	Hispanic Origin? (Specify Yas an, Mexican, Puarto Rican, ato Specify:		e - Amarican indian, sk, Whita, atc.
- C	Completed by	15. Decedant's Education (Specify only highast grada complated)  16a. Decedant's Usual Occu (Give kind of work dona	pation during most of working		WHITE
offied within all Hygiene.	Com	Elamantary/Secondary (0-12) College (1-4or 5+)  12 HOMEM	AKER	OWN	HOME
yiand out be filed Mental Hygerked other artic svent,	Be	17. Father's Nama (First, Middla, Last)	18. Mothar's Nama (First, M		
Marylar d 2 should by th and Menta 7 is marked traumatic s	2	JACOB BRICK  19a. informant's Name/Relationship (Type, Print)  19b. Malling Addrass (Street		VNIE BA	Stata, Zip Code) (21117)
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DESILLIMOTE, IN permit. Peges 1 and 2 Department of Health a Important: If fem 27 is any injury or other tra once.		20a. Method of Disposition  12 Buriai 2 Cremation 3 Removel from State  4 Donation 5 Other (Specify)  20b. Place of Disposition (Nama of cematary, crematory or other pla			City or Town, Stata  RSTOWN, MD
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/Medicale be executed and physician and physician and set the buriel-transit	Medicai Examiner	Immediate Cause (Finel disease or condition rasulting in death)  a. CONGESTIVE HEAD Due to (or as a consequence of):  Sequentially list conditions, if any, leeding to immediate cause. Entar Underlying Causa (Disease or injury that initiated events rasulting in death) Last  Last  Dua to (or as a consequence of):  Dua to (or as a consequence of):		JRE	,
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e law requires has been sign	Completed	LYMPHOMA	248.	Was an autopsy performed?	24b. Wara autopsy findings available prior to completion of cause of death?
ysician: The l s certificate ha director, page				1 ☐ Yas 2 No	1 ☐ Yas 2 ÎNo
Physician: Physician: this certific	To Be	25. Was case rafarred to medical axaminar?  1  Yas 2 No	26. Placa of Death (Check of Dear: 4 ☐ Nursing Homa 5 ☐		er (Snecity)
Attending Physician: The law requires to redeath.  rector: After this certificate has been signed by the funeral director, page 2 should be	ertification: T	27. Mannar of Death 1 → Naturat 5 □ Pending   28a. Data of Injury   28b. Tima of Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Injury   28c. Inju		cribe how injury occurr	
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To the Housest or Attending Phywithin 24 hours after deeth. To the Funeral Birector: After this completely filled in by the funeral	edicai	29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, daath occurred at tha tit one)  2 Medicat Examinar: On the basis of axamination and/or invastigation, in my of and mannar stated.	ppinion, death occurred at tha t	ilma, data and place,	and dua to the cause(s)
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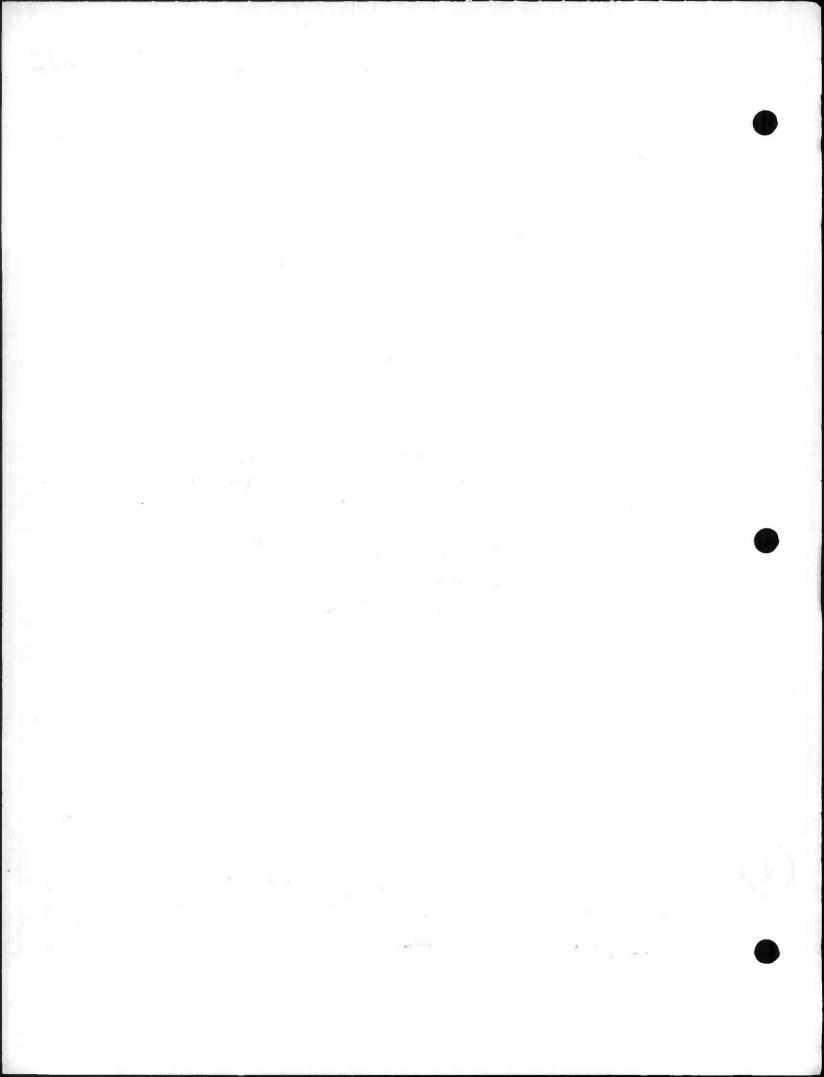
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	1 - FOR STATE OF MA	ARYLAND /	DEPART	MENT (	OF HEALI	H AND	MENTAI	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH	
ı 'i	William J. B1	ackwe!	1.1				Marc			96	6:30a.mm.	
		B. AGE (In yrs. le:	—	IF UNDER 1		DER 24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign	
- 1	217-01-2867 XXM 2 □ F	94	YRS.	ONTHS E	DAYS HOUR	S MIN.	Aug.	20,	901	Country)		
	9e. FACILITY NAME (If not institution, give street and number)		.1		OWN OR LOC		EATH	-	9c. COUN	TY OF D	EATH	
6	266 Chestnut St.		Dundalk						more			
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		10c. CITY.	TOWN OR	LOCATION		10d. INSIDE CITY					
8	MD Baltimo	re			nda1k				LIMITS?			
	10e. STREET AND NUMBER				101. ZIP C				10g. CITIZ	EN OF W	HAT COUNTRY?	
E	266 Chestnut St.				21	222				119	SA	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT				S DECENDEN	T OF HISPA		? (Specify Yes	or No-	14. RACE	- American Indien.	
BY	1 Never Married 2 Merried   FORCES? 1   IF YES, GIVE WAI		MO		res, specify C: ☐ YES ②[]]			tican, atc.)	Ì	Speci	y:	
											Black	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G	CEDENT'S US live kind of work Do NOT use	rk done dur		orking	16b.	KINO OF BUS	INESS/INDU	JSTRY	A A	
ا ۳	Elementary/Secondary (0-12) College (1-4 or 5+)		teel		cer		F	eth1e	hom	2+0	201	
8	17. FATHER'S NAME (First, Middle, Last)		0001	HOLI		OTHER'S NA		Middle, Maiden		500		
Ŭ U	Cornelius Blackwell							Heio				
0	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING A	DORESS (S				er, City or Town		Code)		
임	Ruth Blackwell	1 2	266 C	hest	tnut	St B	alto	., MI	21	1222	2	
	20e. METHOD OF DISPOSITION 1 €	20b. PLACE	ANDDATEOF	DISPOSITI			OAT		CATION — C			
	4 Donation 5 Other (Specify)	Meac Meac	omatory or other	i d C C	2		4/4	Ba	ilto.	MI		
	21. SECRETARIA SERVICE LICENSEE  Meadow Ridge #/4 Balto., MD  22. NAME AND ADDRESS OF FACILITY  James A. Morton & Sons Funeral Home											
	James a Mo	ntien	)					. & Sc . Bal				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERILYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  Onset and Death  Onset and Death  Onset and Death  Onset and Death											
	PART II. Other eignificant conditions contributing to d	eath but not	reaulting in	the unde	eriving caus	e given in	Part i	24s, WAS AN	ALITOPSY	246	WERE AUTOPSY FINDINGS	
SAL					on, mg oods	o given in		PERFOR	MED?	140	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC							- 1	1 TYES 2	NO		OF DEATH?	
2							— ]				1 TES 2 PANO	
A	25. WAS CASE REFERRED TO MEDICAL				26. PLACE O	F DEATH (C)	heck only on	e)				
Sic	EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Inpetient 2 I	ER/Outpatient 3		OTHER:	g Home 5 (§	Residence	6 🗆 Othe	(Specify)				
Ä	27. MANNER OF DEATH 28a. OATE OF III		26b. TIME	OF 2	8c. INJURY AT			CRIBE HOW II	JURY OCC	URED		
BY	1 Natural 5 Pending 2 Accident Investigation	. 1001)	111301		1 YES	2 NO						
	3 Suicide 8 Could not be 28e. PLACE OF	INJURY - At he	ome, ferm, str	eet, fectory	y, office			ATION (Street e	nd Number (	or Rural F	loute Number,	
=	4 Homicide determined											
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of monopole of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the be										) and menner as stated,	
Ü	29b. SIGN/TURE AND TITLE OF CERTIFIER					JCENSE NU					(Month, Day, Year)	
24	30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITE	W.D	hine)	1	74	778	31	> Ap	ril	1,1996	
	Tob. 1 - (- 1	Service (	ENL	 	SENE	后山	141.	Inor	npsi	יאס	M. D. Homore	
	31. DATE FILED (Month, Day, Year) 32, REGISTRAR	'S SIGNATURE	-2/1/[		2705	יטרין	VKINS	Deny	iew C	ins	E manyland Z	
	ADR 02 1996 Fisher Day	idson-13	notable									
	0							_			DHMH-16 Rev 1/89	





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				State of Ma	aryland /		cate of		nd Mental Hy	giene ) ( Reg. No.	) (	9333	
	<u>.</u>		1. Decedent's Nema (First, Middle,	ast)					2. Dete of Do	eath	Vana	3. Time of Death	
	Physici /Medi		EMMA BYNION						March	31, 199	6	10:55 a.m.	
	Exami		4a. Fecility Neme (If not Institution, g	iva straet and number)					, or Location of Deat	,			
			Meridian Nursin					Parkvi			imore		
	Funeral Director		217-22-1255	Sex 1	a (In yrs. last b	Yrs. Mor	Inder 1 Year oths Deys	Hours	Min. 8. Dete of Bi	rth av. Year) 1907	9. Birthpl Count Marry	leca (Steta or Foreign (Cand	
	fand tand		Usual Residence of Decedent  10a. Stete 10b. County		10c. City, To	wn or Location	1				10	0d, fnside City Limits	
	Mary Feb	to	Maryland Baltim	07.0.	Dunda	l.k						1 Yes 2 No	
	or 28	Director	10e. Street and Number			7	f. Zlp Code			10g. Citizen of V	What Coun	try?	
	th wi		15 Flagship Road				21222			United	State	States	
Maryland 21215-0020	172 hours after death with the Maryland "neturel", or items 23s or 28s-f show dicel Examinet must be notified at	by Funeral	11. Marital Status  1 Nevar Marriad 2 Merried  3 Widowed 4 Divorced	12. Was Decedent Armed Forcas? 1 ☐ Yas 2 ☐ X If Yes, Give Year or Detes:		If Yes,	ecedent of I specify Cub es 20 No	dispanic Origin en, Mexican, F Specify:	17 (Specify Yes or No Puerto Rican, etc.)	Bled	a - Amarico ok, Whita, a v: Whi	atc.	
5-0	72 ho	Completed	15. Decedent's (Specify only highest of	Education trade completed)	16	a. Decedent's	Usuel Occup	pation during most of	f working	16b. Kind of Bi	usiness/ind	ustry	
121		фш	Eiamantary/Secondary (0-12)	College (1-4or 5		life. DO N	OT use retire	d)		0. 11.			
d 2	a filed within II Hygiene. other than		3 years 17. Father's Neme (First, Middle, La	ef)		Homemak	er_	18 Mother's	Nama /First Middle	Own Ho			
an	S a b S	To Be	Frank McNew					- 100	Smith	, waidon dornai	,		
ary	등	-	19e. fnforment's Neme/Reletionship	(Type, Pnint)	19	b. Meiling Ad	dress (Street			996 Baltimore, Maryla			
	of Health a Hem 27 is		Eugene G. Bynio	n Son		15 Flag	ship	Road Bo	ultimore,	Maryland	1 212	22	
ore	. Pages 1 and ment of Health lant: If Item 27 jury or other 1		20e. Method of Disposition  Buriel 2 Cremetion 3	□ Removel from State	20b. Place cemet	of Disposition	(Neme of or other ple	ce)	Dete	e 20c. Location - City or Town, State			
E	ment ant: I		4 Donation 5 Other (Spec		Oak	Lawn Co	emeter	y April	2, 1996	Baltimo	ore,	Maryland	
Baltimore,	permit. Pages Department of Important: If Its eny Injury or o	21. Signature of Funeral Strike Licorine  22. Name end Address of Facility  Duda-Ruck Funeral Home of Dundalk,  7922 Wise Avenue Baltimore, Marylo  shock, or heert feilure. List only one causa on each line.											
68760,	Physician be executed by Physician and by Physician and by Physician and state the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransition of the purial-fransi	edical Examiner	Immediate Cause (Finel disease or condition rasulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	b. Ine	Due to (or es a	consequance	of):						
Box	e death certific the attending p	Physician/M	Pert II. Other significant conditions	d						tobacco use co	ntributs to	the cause of death?	
P.O.	es that the de igned by the be detached	by Phy	Hypertin:	in					1 🗆	Yes 2□ No	3 Prob	ebly 4 Tunknown	
of Vital Records,	aw requir 1s been s 2 should	Completed b	<i>V</i> V							an autopsy ormed?	ava	ore autopsy tindings illable prior to inpletion of causa death?	
=======================================	ate h	Con							10	Yes 2 No	10	Yas 2□ No	
Vita	iclan: The certificate rector, pag	Be	25. Wes case reterred to medical examiner?	Magaital			100		Deeth (Check only	one)			
of	Physician; this certific ral director,	7	1 ☐ Yes 2 ☑ No  27. Mannar of Deeth	Hospitel:			AUG L		ing Home 5 Res			)	
sion	seth. tor: After the funer	Certification:	1 Natural 5 Pending 2 Accident Investigat 3 Suicida 6 Could not	he	Year)	. Tima of Injury M		rk?  Yas 2□No		how Injury occur			
04	S share	Certif	4 Homicide determine	28e. Piace of this building, etc	ory - At homa, c. (Specify)	ierm, street, ie	ectory, office		City or To	(Street and Numb wn, State)	er or Hura	Houte Number,	
	he Hospi in 24 pour he Fuite pletaly fil	edicai	29e. Certifier (Check only one)	Physician: To the best of sminer: On the basis of and mennar sta	examinetion a	ge, deeth occu and/or invastig	rred et the ti ation, in my d	me, date and poplnion, deeth	olece, end due to the occurred at tha tima,	cause(s) and ma dete end plece,	anner as st and due to	ated. the cause(s)	
	To the To the comple	M	29b. Signeture and title of certitier		M·1	).	29c. Licano D 3	se number	+	29d. Deta signe		Jay, Year)	
	9		30. Name and address of person who	SHVII N	eeth (Item 23e	(Type, Print)	SUTA	W St	Em 17 30	e, Ball	imere	MI) 2121	
	Sta Registr		APR 0 2 1996	Julia Davilson	r's Signeture	7							

DHMH 16 Rev 6/95

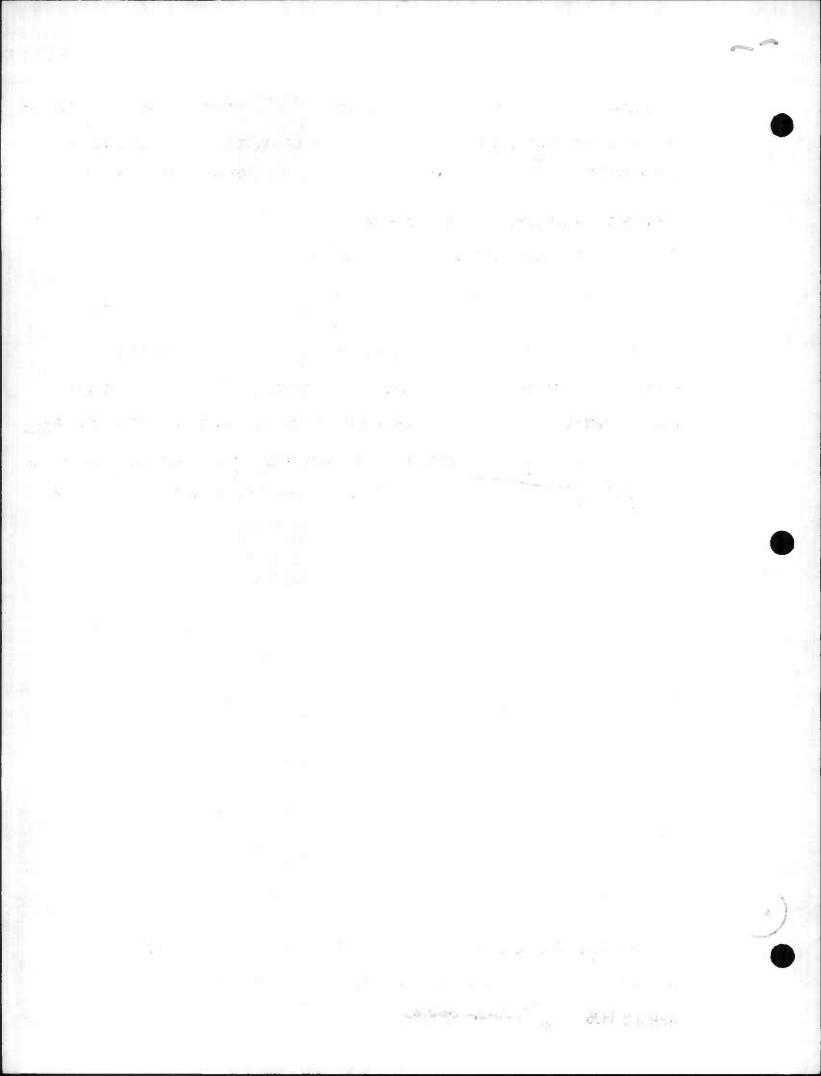
AND TO BE

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State of Maryland / Department of Health and Mental Hygiene 6 0 9 3 3 4

					Cert	tificate of	Death		Reg. No.				
Dharia		1. Decedent's Neme (First, Middle, Last)						2. Dete of Dea Month			3. Time Death		
Physic /Medi		STEVEN	WAYNE			BISHOP		MARCH :	29, 19	96	12:20 PM		
Exami		4a. Facility Neme (If not institution, give :	street end number)				4b. City, Town, or	Location of Deeth	4c. Cour	ty of Death	×		
		7830 PARK WEST DRI	VE, APT.	T-3			GLEN BUR	NIE	ANN	E ARU	NDEL.		
Funeral Director		214-72-0149	7. Age	(In yrs. I	est birthdey) Yrs.	If Under 1 Yeer Months Deys	if Under 24 Hrs.		, Year) .960		place (State or Foreign		
how		Usuei Residence of Decedent  10e. Stete 10b. County		10c. City	, Town or Loc	ation					Od. Inside City Limits		
a Ma	cto	MARYLAND ANNE ARUN	IDEL	GLE	N BURN	IE					1 Yas 2 No		
# 15 P	Director	10e. Street end Number				10f. Zip Code			10g. Citizen o	f What Cou	ntry?		
th wi		7830 PARK WEST DRI	VE, APT.	T-3		210	61		U.S.A				
13-0020 172 hours after death with the Manyland 172 hours after death with the Manyland 172 hours 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 or 28 o	by Funeral	11. Meritel Status  1 □ Never Merried 2 ☒ Married  3 □ Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:		U,S. 13. Wes Decedent of Hispanic Origin? (\$ If Yes, specify Cuban, Mexican, Puer  1 ☐ Yes 2 ☒No Specify:			pecify Yes or No- to Rican, etc.)	14. R B	ece - Americ lack, White,			
5 Pg	8	15. Decedent's Educ	cation		16a. Decede	nt's Usuel Occu	pation		16b. Kind of				
	Completed	(Specify only highest grade Elementery/Secondery (0-12)	completed) College (1-4or 54	-)	(Give k	ind of work done O NOT use retin	during most of world)	rking					
filed w	S	11	N/A		DRIWA	LL MECH		(Fl-4 88'ddl-	CONSTRUCTION  Middle, Melden Surneme)  CHERRY  Number, City or Town, State, Zip Code)  T-3, GLEN BURNIE, MP061  20c. Location - City or Town, Stete  96 GLEN BURNIE, MARYLAND  TON FUNERAL HOME				
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	o Be	17. Fether's Neme (First, Middle, Last) HENRY LEV	ITS		BISHOP		BETTY	ne ( <i>rirst, Middi</i> e,	Meiden Sum		FDDV		
should band Menta	2	19e. Informent's Neme/Reletionship (Tv)				Address (Stree		ural Pouto Numbe	r City or Toy				
and 2 saith and 2 saith and 2 street		NEVA J. BOSTIC	50, 7741.9										
other tr		20e. Method of Disposition		20b. Pl	ece of Dispos	ition (Neme of	1	Dete Dete					
0 60-1		1 🕅 Burial 2 □ Cremetion 3 □ R	emovel from State	C	emetery, crem	etory or other pla							
Talling .		4 □ Donation 5 □ Other (Specify)  21. Signature of Earneral Service Liberase	4	GLE									
Demit. Pag Department Important: any injury once.		b W J	0				AVENUE S.						
Physician /Medical Examiner		23a. Part / Enter the disease, or complishork, or heart failure. List only on Immediate Cause (Finel disease or condition resulting In deeth)	Met	est		Lung			rest,		Approximete Interval Between Onset and Death		
D N	liner												
execut an and rial-tran	Examiner	Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury C.											
A CO / CO, prificate be executed ing physician and e as the burial-transit	Medical	resulting in death) Lest		ue to (or	es e consequ	ence of):							
attendin for use	Physician/									1			
a by the a setached f	ysic	Pert II. Other significant conditions con	tributing to death but	not resu	Iting In the und	derlying cause g	iven in Pert I.				o the cause of death?		
s that the med by a detail	by Ph							JX.	Yee 2□ No	3 ☐ Pro	bebly 4 Unknow		
of Attanding Physician: The law requires that the death ce effer death.  Director: Affar this cardificate has been signed by the attendit in by the funeral director, page 2 should be detached for use	Completed t			_				24e. Was perlo	en eutopsy rmed?	av co	ere autopsy findings eliable prior to impletion of cause death?		
The ate h	Son							101	es 2 No	- 11	Yes 20 No		
delan: The	Be	25. Wes case referred to medical examiner?					26. Place of Dea	ath (Check only o	ne)				
nis ca	To	1 ☐ Yes 25 No	ospitei: 1 🗆 Inpatien		ER/Outpatient	3 DOA	ther: 4 Nursing H	iome 5 🗷 Resid	lence 6 🗆 C	ther (Speci	(y)		
or Attending Physician: efter death. Director: After this cartific. i in by the funeral director,	Certification:	27. Menner of Death  1 Neturel  2 Accident  5 Pending Investigation	28e. Dete of Injury (Month, Dey	Year)	28b. Time of tnjury	28c. Inju			scribe how injury occurred				
al or Att	Sertific	3 Suicide 6 Could not be determined	28e. Piece of Injur building, etc.	y - At ho (Specify	me, ferm, stree )	et, fectory, office	0		28f. Location (Street and Number or Rural Route Number, City or Town, State)				
or the Hospital or Attanding Physician: The Inviting 24 hours efter death.  To the Funeral Director: Aftar this cardificate hat completely filled in by the funeral director, page	edical (	29e. Certifier (Check only one) Certifying Physical Control only (Check only one)	tctan: To the best of er: On the basis of e end menner stet	xeminet	viedge, deeth o ion and/or inve	occurred et the t estigetion, in my	ime, date and piece opinion, deeth occu	e, and due to the curred et the time,	cause(s) end dete and plec	menner as a e, and due t	tated. the cause(s)		
within To the	M	29b. Signeture end title of certifier			· · · · · · · · · · · · · · · · · · ·	29c. Licen	se number		29d. Dete sig				
1		> Mille Des					17593		04/	01/96			
5		30. Name and address of person who con PHILLIP DENMS,					moved h	0 2/2	05				
C+	ate	31. Dete filed (Month, Dey, Year)	a 32. Registrar				, //						

Registrar



BALTIMORE, MARYLAND 21215-0020

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P.0.	
RECORDS,	
OF VITAL	
ONO	
SIVIC	

TO WE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with the month of the death. Page 6 may be retained by the hospital or attending physician.

THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumable event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Less ESTHER	BASS				2. DATE OF DEATH MONTH DMarch 20	AY 1996 YEAR	3. TIME OF DEATH 9:05 A M					
	4. SOCIAL SECURITY NUMBER 201-09-0353	1 ☐ M 2 🔀 F	83 YRS. MC	F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 28,	1902 Pe	nnsylvania					
TOR	9a. FACILITY NAME (If not institution, give Suburban Hospit RESIDENCE OF DECEDENT		•	Bethe	esda	EATH	Montgo						
L DIRECTOR	10a. STATE 10b. COUN	nv Nontgomery		ckville			Las- graves of	10d. INSIDE CITY LIMITS? 1 汉 YES 2 □ NO					
FUNERAL	1801 East Jeffers	12. WAS DECEOENT EVER	N U.S. ARMED		20	852 NIC ORIGIN? (Specify Ye	U.S.A.	WHAT COUNTRY?  CE — American Indian,					
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, sp 1 TYES	ck, White, etc. White								
COMPLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo etired.)	st of working	55538	SINESS/INDUSTRY						
OM P	12 Years 17. FATHER'S NAME (First, Middle, Lest)		Labor De	partmen		Feder	al Gover	nment					
BE	Pincus Broker  190. INFORMANT'S NAME (Type/Print)		405 14411 1110 45	00500 (0)		a (Unknown	_						
임	Earl Bass, Son				ane, Whe	Acute Number, City or Toward aton, Mar		0906					
	20a. METHOD OF DISPOSITION  13 Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of commentary, gregostory or other place) Har Zion Cemetery 3/24/1996  Collingdale, PA												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, N.W. WASHINGTON, D.C. 20012-2095												
	shock, or heert failure	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest,  Approximate interval Between Onest and Posts.											
	iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  s. Consequence of												
ON	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in desth) LAST  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in desth) LAST  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	c. OUE TO (OR AS	rdiop us	mona	ry ar	rest		10 2045					
CEHI	resulting in desth) LAST	d. A	ate Pu	lmon	ary e	dema-		10 DAYS					
PHYSICIAN: MEDICAL	DID TOBACCO USE	ons contributing to deep to a life failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure failure fai	SUSE OF I	the underlying	ceuse given in	Part i. 24s. WAS AN PERFO! 1 TYES 2	RMED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
200	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C)	6 Other (Specify)							
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c, INJ		28d. DESCRIBE HOW	NJURY OCCURED						
R	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not b	28e PLACE OF INJURE	Y — At home, ferm, stre		YES 2 NO	281. LOCATION (Street City or Town, State		Route Number,					
COMPLETED		/SICIAN: To the best of my know		at the time, date	and place, and due								
TO BE CON	2 MEDICAL EXAMI	NER: On the basis of axamination	e.		29c. LICENSE NU	MBER	29d DATE SIGNE	(s) and mariner as stated.  D (Month, Day, Year)  L 20 199					
	WILENDRA K. SAXEMY: Suburban Hospital.  31. Date Filed (Month, Day, Year)  APR 0 2 1996  June 20 1996  June 20 1996												

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DIVISION OF VITAL RECORDS, P.O. BOX 6876

BALTIMORE, MARYLAND 21215-0020	-YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE WANTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h	The TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	1. DECEDENT'S NAME (First, Middle, Last)				-		2. DATE OF DEA	TH	VEAR	3. TIME OF DEATH
	JOSEPH A	BOVA					APRIL	1	1996	10:00 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last bi		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	H	8. BIFITHI Country	PLACE (State or Foreign
	219-14-15-90	1 🝘 M 2 🗍 F	70	YRS. MONTHS	DAYS	HOURS MIN.	JAN. 8		Country	Maryland
	9a. FACILITY NAME (If not institution, give st	reet and number)	,	9b. CIT	Y, TOWN O	R LOCATION OF DE			UNTY OF DE	EATH
DINECTOR	V. A. Med	ical C	enter	2   1	BAF	ti MOR	e		N,	4
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			IOc. CITY, TOWN	0010047	1011				10d. INSIDE CITY
	M 1 / R	1+.		IUC. CITY, TOWN	OH LOCAL	11_				LIMITS?
	MARYLAND IDA	HIMOR	e	UUM	Idv	. IK				1 YES 2 NO
TINO.	100. STREET AND NUMBER	0 1	200		101.	ZIP CODE	2 2	10g. CF	IZEN OF W	THAT COUNTRY?
	CAKWOOD	KOAd	220			2/20	1d		U.	S. Fl.
	11. MARITAL STATUS  1 Never Married 2 Married		YES 2 NO	D 13.		ENDENT OF HISPAN Holfy Cuban, Maxican			14. RACE Black	American Indian,     White, etc.
5	3 Wildowed 4 Divorced	IF YES, GIVE WAR			1 TYES	2 NO Specify			Specif	Whata
	15. DECEDENT'S EDUC			DENT'S USUAL O	CCUPATIO	IN .	16b. KIND (	OF BUSINESS/IN	DUSTRY	While
	(Specify only highest grade	completed)	(Give	kind of work done NOT use retired.)	during mo:	st of working				
	Elementary/Secondary (0-12)	College (1-4 or 5+)	7	Ruck	Da	iver	TI	2401	Tin	6
	17. FATHER'S NAME (First, Middle, Lest)	/ / /		MUCH	UI	18. MOTHER'S NAI			/	7
- 10	Michalas	1-	BOVA			1	1.	,		
4	19a, INFORMANT'S NAME (Type/Print)			AAILINO ADDRES	S (Street a	nd Number or Rura F		or Rown, State, Z	in Gode)	
2	Bott. D	130114	On	lx .	10	122	. 0	Jalk.	MA	717))
	20a. METHOD OF DISPOSITION	2014	20b PLACEANI	DATE OF DISPO				De. LOCATION -	- City or To	wn. Slata
	1 Buriel 2 Cremation 3 Rem-	oval from Stata	cemetary, crema	tory or other place	1 1	1-0-1	21	2		MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	GREE	2NMOC		ID ADDRESS OF FAC				
	1.11	10/	1)	11 11	1. P.	bhow 5	ki/C	LOJA	ACK	F.H.P.A.
	100/ash	0.0	romac.	Ke 10	205	Dand	AlkA	VR. BA		MD 2474
	23. PART I. Enter the diseases, or of ahock, or heart failure.	complications that co Liet only one cause	aused the deatl on each line.	h. Do not ente	r the mo	de of dying, sucl	n sa cardiac or	reapiratory a	rreat,	Approximate Interval Batween
-	IMMEDIATE CAUSE (Finel									Onset and Death
	disesse or condition resulting in death)	. SEPT	IC St	HOCK						36 hrs
- 1		DUE TO (OF	R AS A CONSEQUI	,		- 1				101.
	Sequentially list conditions,	. SEP	R AS A CONSEQUE		wn	etiola	74.			48 ms
	if any, leading to immediate cause. Enter UNDERLYING	00 10 (0)	H AS A CONSCOU	ENCE OF):		-	, ·			
CENTIFICATION	CAUSE (Disease or Injury	c DUE TO (OI	R AS A CONSEQUE	ENCE OF:						
	thet initiated events resulting in death) LAST									
;		d								+
. 11	PART II. Other significent condition	e contributing to de	eath but not res	ulting in the u	nderfyln	g ceuse given in		AS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
							_   10			COMPLETION OF CAUSE OF DEATH?
										1 YES 2 NO
	DID TOBACCO USE CONT	RIBUTE TO CAUS	SE OF DEATH	YES 🗆	NO E	UNCERTAIN	1			
	25. WAS CASE REFERRED TO MEDICAL		26. PLACE	OF DEATH (Checi	only one)					
5	1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆	DOA 4 No		e 5 🗆 Rasidenca	8 Other (Speci	fy)		
THE COLUMN	27. MANNER OF DEATH	26e. DATE OF IN. (Month, Day,		28b. TIME OF INJURY	28c, INJ	URY AT	28d. DESCRIBE	HOW INJURY O	CCURED	
5	1 Natural 5 Pending 2 Accident Investigation	(Mondi, Day.	lour,	M		YES 2 NO				
- 18	3 Suicide 6 Could not be	28a. PLACE OF II building, etc	NJURY — At home	, larm, atreet, fa	ctory, offic	•	28I. LOCATION ( City or Town	Street and Numb	er or Rural F	Route Number,
	4 Homicide determined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			i	0.17 0.10	, outly		
	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, death	n occurred at the	Ilme, date	and place, and due	to the cause(a) a	nd menner aa st	tated.	
COMPLE	one)	ER: On the basis of exam								) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	8 0 0				29c. LICENSE NUI	AREO	294 04	ATE SIGNED	(Month, Day, Year)
4	110d.00.	0	20011	n. 1.	10	Dog	751		Dow	111901
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED PAISE	OF DEATH STEM	27) (Type Print)		109	700		TYP	111,1176
	MADELANIE	RSN	DILLO	/1	nic	of more	uland	medi	100	Contra
	31. DATE FILED (Month, Day, Year)	32. REQUERARS	S SIGRATUREA -	< UT	IV.	of the	yiwu	ruce	car	cencer
	APR 0 2 1996	gilia Davido	on-fonder	6						
	ALIA IN INCOME	U								DHMH-18 Rev 1/89
										10 ttov 1/0

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State of Maryland / Department of Health and Mental Hygiene 96

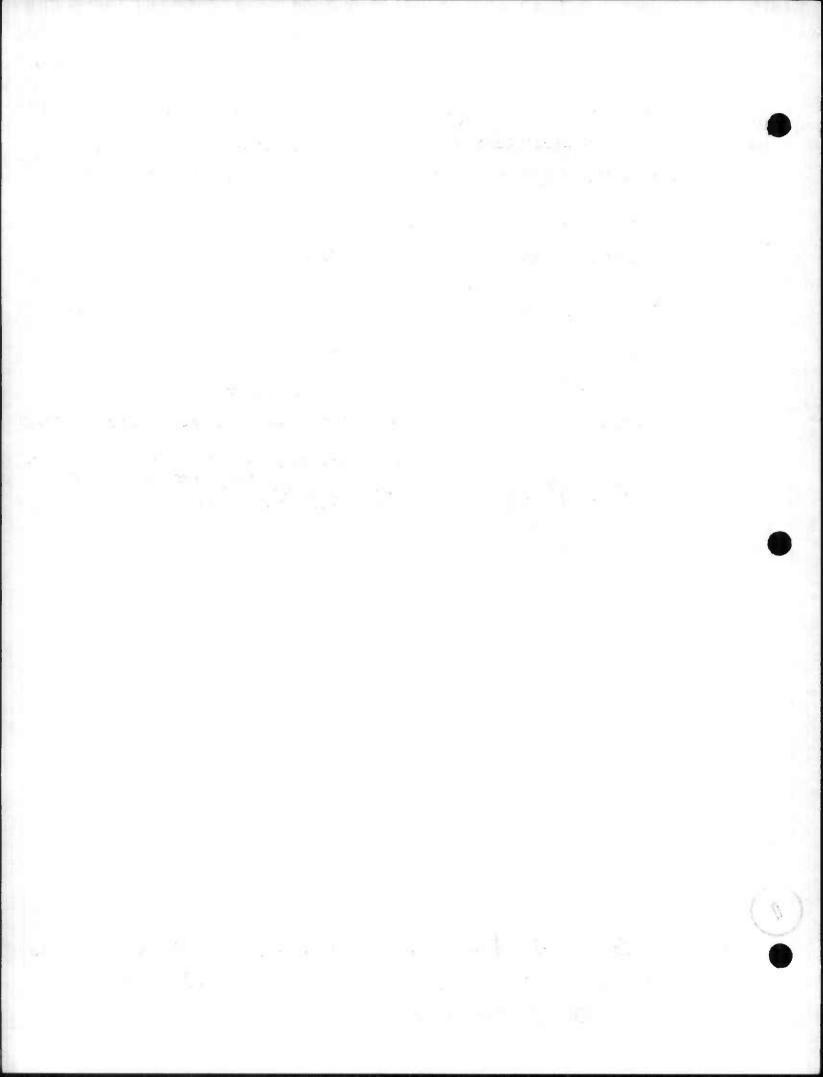
					Certifica	te of	Death	Re	g. No.			
			1. Decedent's Neme (First, Middle, Last)	)				2. Dete of Deet			3. Time of De	eath
	Physic		CHARLES INIL	lliam Bowe	ENS			APRIL	Day 19	Year 96	11:50 A	M
	/Medi Examii		4a. Fecility Neme (If not institution, give				4b. City, Town, or L		4c. County			
7	Exami	ICI	VETERANS ADMINIS		1701		BALTIMO	e C		VA		
-			5. Sociel Security Number 6. Sep			er 1 Yeer					ne (State or 6	Enraina
	Funeral Director	9.		M 20F 74	Yrs. Months	Deys		8. Dete of Birth (Month, Day,	Year)	Country	ce (Stele or F	Oreign
			Usuel Residence of Decedent					211-	- 66		VIV	
	land		10a. Stete 10b. County	10c. City	, Town or Location		···			100	d. Inside City	Limits
	Aary s b	5	MID NA	1	antin						1 X Yes 2	
	the the	Director	100 Street and Alimphor	16	174/1/19	ip Code			0-00-00	**		
	5 6	Ö	10e. Street and Number	1.11 1.	101, 2		217	19	0g. Citizen of V		N	
	23a	'as	1923 Klage	vill Hue					u.	SH		
	vurs after death with the Manylan all, or items 23a or 28a-f show Examinan must be notified at	Funeral	11. Marital Stetus	12. Wes Decedent Ever in U, Armed Forces?	S. 13. Was Dec	edent of hecify Cub	Hispanic Origin? (Spen, Mexican, Puerto	pecify Yes or No- Rican, etc.)		e - Americer ck, White, et		
20	or after		1 Never Merried 2 Married	1 SYes 2 No If Yes, Give	1 ☐ Yes				Specify			
21215-0020		d by	3 ☐ Widowed 4 ☐ Divorced	CXpar or Dates 1945						Blac	L	
N.	J within 72 ho	Completed	15. Decedent's Edu (Specify only highest grade	cetion e completed)	16a. Decedent's Us (Give kind of w	ork done	during most of world	king	18b. Kind of Bu	usiness/Indu	stry	
2	- A	idu	Elementery/Secondery (0-12)	Coilege (1-4or 5+)	life. DO NOT	use retire	(d)		-	4	1.00/	
		S	12	NA	1ruc	K	Uri	1e	Trans	porox	1010	
pu		Be	17. Fether's Neme (First, Middle, Last)	2			18. Mothar's Nem	e (First, Middle, A	Aeiden Sumen	10)		
Maryland	should be nd Mental marked o	To	William D	OWENS			Ella V	avis 1	Bowe.	NS		
a	d 2 sho th and 7 is me traum		19e. Informent's Neme/Reletionship (Ty	rpe, Print)	19b. Meiling Addres	s (Street	end Number or Ru	ral Route Number	City or Town,	Stete, Zip C	ode)	
-	alth 27		Mallie Bowens	- wife	1923 Ri	dael	ill Av.	e BALTI	imore,	mD.	2121	7
re	116		20e. Method of Disposition		ieca of Disposition (N	orne of	ice)	Dete	20c. Location -			
Baltimore	Pages vent of mt: If its rry or o		1 ☐ Burlei 2 ☐ Cremetion 3 ☐ R 4 ☐ Donetlon 5 ☐ Other (Specify)	emovei from Stete	4	TIL	4	4.4.01 1	7.11.00	and We	4.7	
=	Party .		21. Signature of Funeral Service License		VISON-FORES	nd Addre	ess of Fecility	4-4-96 C	WINGS	Wills	104	
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_		Щ	10/11/11		638	N. G	Ilmor S		21217			
			23a. Pert1. Enter the disease, or compli- shock, or heart failure. List only or	cations that caused the death ne cause on each line.	. Do not enter the mo	de of dyl	ng, such es cardiac	or respiretory arre	est,	i	Approximate ntervai Betwe	en
	Physician										Onset and Dec	eth
	/Medical Examiner		immediete Cause (Finel disease or condition	METASTAI	nc PROST	ATE	CANTEER					
	LXGIIIIIGI		rasulting in death)	Due to (or	as a consequance of	):						
	P #	ine								1		
	sertificate be executed ding physician and se as the buriel-transit	Examiner	Sequentially list conditions,	Due to (or	es e consequence of	):						
Ó,	e ex		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disaese or injury									
68760	nysic he b	Medical	thet initiated events resulting in death) Last	Due to (or	es e consequence of	1.				1		
	death certifica attending ph d for use as ti	Jed	Tooking it down, East							1		
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m	that the death ed by the atter detached for o	Physician	Pert II. Other eignificant conditions con	tributing to deeth but not resu	iting in the underlying	cause of	ven in Pert I.	23b. Did to	bacco uee co	ntribute to t	he cause of (	death?
P.0	t the d	hys								3 Probe	1.0	
	es that igned l	by P	CHRONIC RET	VAL FAILUR	E				20110	0_11002	J., 12(0	IKIIOWII
Division of Vital Records,	requires that the seen signed by the should be detach							24a. Wes ar	n autopsv	24b. Were	e sutopsy find	dings
8		Completed						perform	ned?	com	able prior to pletion of cau	ISO
Be.	has ye 2	E D							· ·	of de	0'	
7	cate he							1□ Ye	s 2 No	10	Yes 20 No	D
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5	Physician: this certific ral director,	10	TLI 198 ZINO		ER/Outpatient 3 C	UA		ome 5 Reside				
2	Affer I	ou:	27. Mennar of Deeth Neturei 5 Pending	28e. Dete of injury (Month, Dey Year)	28b. Time of injury	28c. Inju- Wo	ry at rk?	28d. Describe ho	w injury occur	red		
00	Attending or death. ector: After by the lune	ati	2 Accident investigation		М	1 🗆	Yes 2 No					
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	tal or after safter or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after or after o	Certification:		4,				-				
	houn houn ly fill		29e. Cartifier 15 Certifying Phys	sician: To the best of my know	vledge, daath occurre	at the ti	me, dete end plece,	end due to the ce	ouse(s) end ma	nner es stel	red.	
	To the Hospital or Attending i within 24 hours after death. To the Funeral Director: After completely filled in by the Iune	edical	one)	ner: On the basis of examinet end menner steted.	ion end/or investigetio	n, in my o	opinion, deeth occur	red et the time, de	ete end piece,	and due to ti	ne causa(s)	
	To the To the Comp	Z	29b. Signeture and thie of certifier	MARE)	29	c. Licens	se number	25	9d. Date signe	d (Month, De	ay, Year)	
			1 m			800	9727		4/119	6		
	5		30 Name and address of narrow who as	moleted cause of death /li-	23a) (Type Briet)	1			. 1 . 1			
	J		30. Nema end address of person who co	D Alico	1 ( Accord	(00	ur on	011-01	120 2	1201		
		•	31. Date filed (Month Cay, Year)	D LO NORTH	OTHENE	>182	act, pm	ilmit, t	10 -	, 1		
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State of Maryland / Department of Health and Mental Hygiene 96 09338

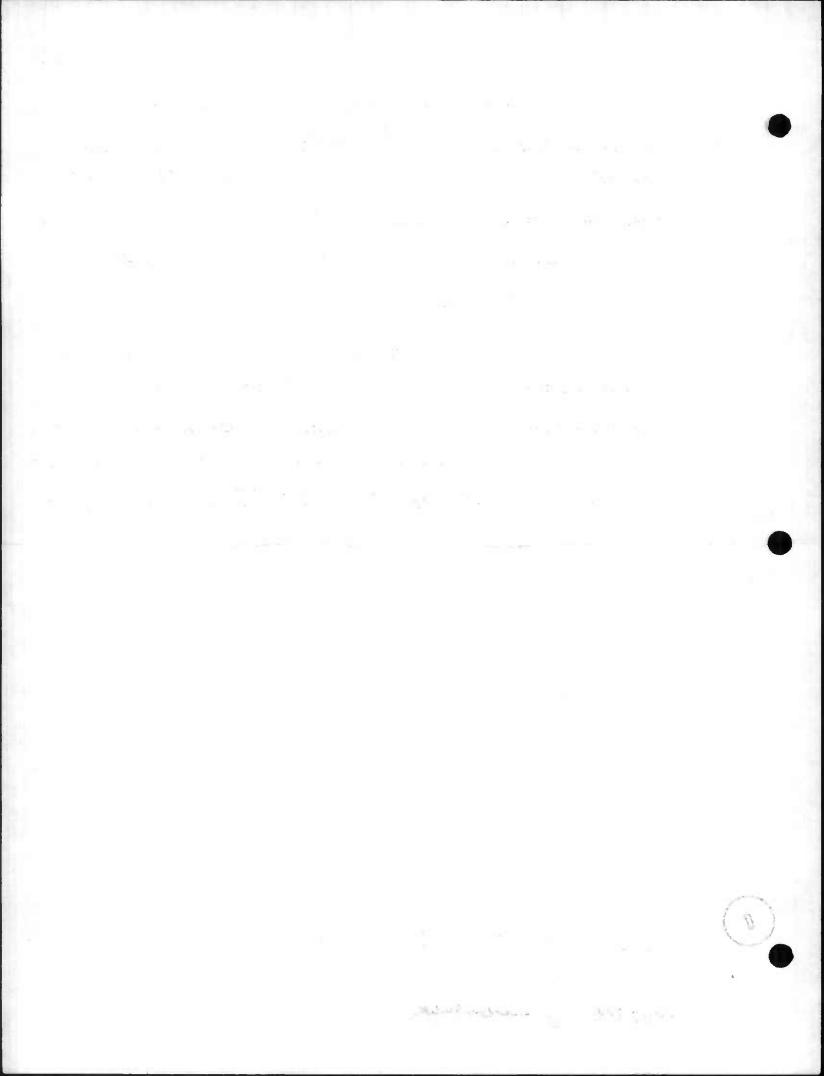
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sician	Decedant's Neme (First, Middle, Last)		Dete of Death Month	Dey, Yes	3. Time of D
edical	mel Ba Comegys	Mo	nch as	9th 199	
miner		4b. City, Town, or Locatio	on of Deeth	4c. County of D	eeth
	Liberty Medical Center	Baltimore		n/a	
ral	Sociel Security Number  6. Sax  1 M 2 XF  7. Age (In yrs. lest birthday)  Worths Days	Hours Min. (/	Data of Birth Month, Dey, Ye.	9. I	Birthplace (State or Country)
'	213-26-1280 82 Trs.	Ja	an 25,	1914	Maryland
	Oa. Stata 10b. County 10c. City, Town or Location				10d. insida City
Director	Maryland n/a Baltimore				1⊕ Yes 2
Sie	De. Street and Number 10f. Zip Coda		10g.	Citizen of Whet	Country?
by Funeral Director	3809 Dolfield Avenue 2121	15		USA	
Funeral	1. Meritei Status 12. Was Decedant Ever in U,S. 13. Wes Decedant of H Armed Forcas? 13. Wes Decedant of H	Hispanic Origin? (Specify an, Maxican, Puerto Ricar	Yas or No-	14. Rece - A Black, W	marican Indian,
by Fi	Armed Forcas?  1 Never Married 2 Merried 1 Yes 2 No If Yes, Give Yaar or Detes:			Specify:	
	15. Decedent's Education 16a. Decedent's Usuel Occup.	nation	166	. Kind of Busine	Black
Set	(Specify only highast grade completed) (Giva kind of work done of life, DO NOT use retired	during most of working	100	. King or pushing	samidusti y
Completed	Elementery/Secondery (0-12) Collega (1-4or 5+)  4th Grade Housewife			far	nily
BeC	7. Father's Neme (First, Middla, Last)	18. Mother's Neme (Fire	rst, Middle, Meid		
ToB	George Gibson	Liz Wright	t		
-	9e. informent's Name/Reletionship (Type, Print)  19b. Meiling Address (Street			ty or Town, State	e, Zip Code)
	Ruby DeJesus 3809 Dolfield	d Avenue E	Baltimon	re, Mary	yland 21
	Da. Method of Disposition  20b. Pieca of Disposition (Name of cemetery, cremetory or other place)	ce) Dr	ata 20c.	. Location - City	or Town, Stete
	1\overline{\text{NS}} \ \text{Burial 2 \subseteq Cremetion 3 \subseteq Ramovei from Stete} \\ 4 \subseteq \text{Donation 5 \subseteq Other (Specify)} \\ \text{Arbutus Memorial} \\ \text{Arbutus Memorial}		2 Ba	ltimore	County,
Suce.	Signatura of Funerei Sarvice Licensee     22. Neme end Address	ess of FecilityNutter	Funera		-
8	bern Parker 2501 Gwynn Baltimore,	ns Falls Par	rkway 21216		
	39. Pert1. Enter the disease, or complications that caused the deeth. Do not entar the mode of dyln shock, or heart feliure. List only one ceuse on each line.				Approximete interval Batwe
al er	nmediete Cause (Final iseese or condition asulting In deeth)  e.   Due to (or as a consequence of):	G I			
Medical Examiner	Mycaded IN	1 to chen			
xar	equentially list conditions, any, leeding to immediate ause. Enter Underlying leuse (Disease or injury	1	10-		
Medical Examir		a well	1011		
B	Due to (or as a consequence of):				
	d				
100	ent II. Other significant conditions contributing to death but not resulting in the underlying cause give	ven in Pert I.	23b. Did tobac	co use contrib	uts to the cause of
Physician/					Probably 4 2 U
by					
Completed			24a. Wes en au	utopsy 24	b. Were autopsy fin available prior to
ple					completion of cau of deeth?
Į,			1 🗆 Yas	2 No	1 Yes 2 N
Be	5. Wes case referred to medical examiner?	28. Piece of Deeth (Ch	neck only one)		
To	1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other	her: 4 Nursing Homa	5 Residence	8 Other (S	pecify)
	7. Menner of Deeth 28e. Date of injury 28b. Time of 28c. injury 28b. Time of injury Work	ry at 28d.	Describe how in	njury occurred	
cati	2 ☐ Accident investigetion M 1 ☐ 1	Yes 2 No			
Certification:	3 Suicide 4 Homicide 6 Could not be determined 28e. Piece of injury - At home, farm, street, fectory, office building, etc. (Specify)		Location (Street City or Town, St		Rural Route Number
	9e. Certifler 1 Certifying Physician: To the best of my knowledge, death occurred at the time				
edical	9e. Certifler (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred et the time (Check only one)  2 Medical Examinar: On the basis of examination and/or investigation, in my open one of menner steled.	he, dete end pieca, end d ppinion, deeth occurred at	due to the ceuse t the time, dete	e(s) end manner and pleca, and c	es steted. due to the cause(s)
₩ W	29c, Licanse	se number	29d.	Date signed (Me	onth. Dav. Year)
				Λ	. 1
	00.11	7203		acha	1 (1)
	0. Name and address of person who completed cause of death (Item 23e) (Type, Print)  TLTANCE LAMB MO LIBERT	y neded	certa	Beld	Junes Mr
4040	I. Dete filad (Month, Dey, Year)	) " emes	3.00	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in land in
tate	APP 0.2 1000 dulis April 18				



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State of Maryland / Department of Health and Mental Hygiene 96 09339

					, , , , , ,		Certificate of	Death		Reg. N	0.	Ų	3003	
	- A		1. Decedant's Nama (First, Middla,	Last)					2. Data of D	Death			3. Tima of Death	
	Physic /Medi		e i	William	Lawr	enc	e Coleman		Month	23,		ear	10:20 pm	
	Exami		4a. Facility Nama (If not institution,	giva street and number;	)			4b. City, Tow	n, or Location of Dea	on of Death 4c. County of Death				
		North Arundel Conv. Center Glen Bur									Anne	Arur	ndel	
Г	Funeral			. Sax 7. Ag	ga (In yrs. l		Months   Days	If Undar 24	Hrs. 8. Data of B	lirth Dav. Year			aca (Stata or Foreign	
ķ.	Director		215-10-6966	1√ M 2□ F	82		rs.		Oct.	31,1	913 M		l'and	
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	the h	Director	10e. Street and Number	under		ras	10f. Zip Coda			10a C	itizan of Who	of Countr	•••	
	With or		801 207 t	h C+			211	22		10g. Citizan of What Country?				
	Jeath Tre 2:	era	11. Marilal Slatus	12. Was Decedant	Evar in U.S	S.			n? (Specify Yas or N	No-	U.S.A		n indian.	
21215-0020	within 72 hours effer death with the Manyland ene. than "natural, or itema 23a or 28a-f show he Modical Exemine must be notified at	by Funeral	1 ☐ Navar Married 2 ☐ Marrie 3 ☑ Widowed 4 ☐ Divorced	Armed Forcas?  1	No	II	13. Was Dacedanf of I If Yas, specify Cub	an, Maxican, Specify:	Puarto Ricen, atc.)		Black, \ Specify:	whila, al	ite	
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	e filed w al Hygier other th		11				Salesman					1 Brewing		
Maryland	be fill	å	17. Fathar's Nama (First, Middla, La	s Nama (First, Midd										
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e,	s 1 and 2 should be filed within 72 hr I Health and Mental Hyglene. Item 27 is marked other than "natur other traumatic event, the Medical		Mrs. Della Hu 20a. Mathod of Disposition	ighes	20b. PI	aca of	525 Catters Disposition (Nama of		t. Columb		Mary La ocation - Cit			
more,	pemit. Peges Depertment of I Important: If Its any Injury or o		1 ☐ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe				v, cramatory or other pla aven Mem. P		rch 27 19					
altir	ortan Injur		21. Signature of Funarai Sarvice Li		Gie	0	22. Nama and Addra		1011 27,19	90 G	Ten bu	YF 11TC	s, Mary Tario	
B	permit. Depertr Importu any Inje		15	D P.	Ton	1)	McCully		1 Home					
	_	23a. Part 1. Enter the disease, or conclications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List on one cause on each line.											d 21122 Approximata	
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	and trans	Sequentially list conditions, if any, leading to Immediate cause Enter Underlying									0	1		
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o.	The law requires that the death cerate hes been signed by the attendit page 2 should be detached for use	Physiclan/	Part ii. Other significant condition	confributing to death b	out nof rasu	lting In	tha undarlying causa give	van in Part I.					the cause of death?	
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0	eth. r: Att	Certification:	1 Vatural 5 ☐ Panding 2 ☐ Accident investigat	ion	iy roar/	""		Yas 2 □ No						
<u>\( \) \( \) \( \) \( \)</u>		tific	3 ☐ Suicida 6 ☐ Could no 4 ☐ Homicida datarmin	be 28a. Piace of Inj building, at			m, straat, factory, office		28f. Location City or T	(Street a	nd Number (	or Rural i	Routa Number,	
	after after Direction	Ce												
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			00 N				101	713	6		-//	5/	74	
	3		30. Name and addrass of person wh	o completed cause of d	seeth (Item	23a) (1	Type, Print) DAZ	0/1	6 S. SAI	V HI	YEY	/		
	Sta	te	31. Data filad (Month, Day, Year)	32. Registr	rer's Signati	ura	41-4 180	arm.	_ ///	2	1001	1		
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Dhucicion		Decedent's Nama (First, Middle, Las	,			ficate of	Death	2. Date of De	Reg. No.		9340 3. Tima of Death
Physician Medical/		Latherine	(	ja	stle	_		3		6	5:00 a.
Examiner		4a. Facility Name (If not institution, give	street and number)				4b. City, Town, or L	ocation of Deat	4c. County	of Death	
	ı	679 S. Avonda	le Rd.				Dunda1	ζ.	В	altim	ore
ineral ector		245-18-8977	9x 7. Ag □ M 2⊠K	a (In yrs. 8 (		f Under 1 Year fonths Days	If Under 24 Hrs. Hours Min.	8. Deta of Bir (Month, De Yay 17	th ly. Year) , 1915		e (Steta or Foraig N C
#	-	Usual Residence of Decedent  10a. Stata 10b. County		10c. City	y, Town or Locat	ion				10d.	Inside City Limits
Director	5	MD Ba	ltimore		Dunc	dalk					1 Yas 2000
Director	5	10e. Street and Number				10f. Zlp Code			10g. Citizen of V	What Country	?
		679 S. Avondal	e Rd.			2	1222			USA	
d by Funeral	2	11. Marital Status  1  Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedant Armed Forcas? 1 ☐ Yes 2 ☐ If If Yes, Giva Year or Dates:	Ever in U, No	1□	Yes 21 No	fispanic Origin? (Sp an, Maxican, Puarto Specify:		Specify	e - Amarican ek, White, atc.	
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Ü	5	17. Fathar's Name (First, Middle, Last)			COOK		18. Mother's Nam	e (First, Middle			L .
To Be C		John H. Evans					Floye	Keith			
	-	19e. Intormant's Name/Relationship (T	ype, Print)		19b. Malling	Address (Street	end Number or Ru		er, City or Town,	State, Zip Co	ode)
other traumatic even		Fred Williams			679 \$	S. Avoi	ndale Ro	d. Bal	to., Mi	21:	222
or other		20a. Method of Disposition		20b. P	lace of Dispositi			Date	20c. Location -		
		1 ☑ Surial 2 ☐ Cremation 3 ☐ i 4 ☐ Donation 5 ☐ Other (Specify			outus 1			1/3/96	Balt:	imore	, MD
DUCE		21. Signahus of Funaral Service Licens	See		Jar	ama and Addre	ss of Facility Morton	& Son	s Fune	ral H	
	+	23a. Part I. Enter the disease, or comp shock or theart tallure. List only of	lications that caused	the death	Do not enter t	) Lau:	rens St	or respiratory a	O., MI		217 oproximate
ian cal ner	Kaminer	Immediate Cause (Finel disease or condition resulting in death)	. hyper	te /	r as a conseque	nce of):					15 years
edical Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	C		es e consequer						
		rasulting in Geath) Last	d							<u> </u>	
100		Part il. Other eignificant conditions co	ntributing to death bu	ut not resu	Ilting In the unde	rlylng cause giv	ren in Part I.	23b. Did	tobacco uee co	ntribute to th	e cause of death
by Physician/M		hypothyroidis	· ~					10	Yee 22 No	3 Probeb	Ny 4□Unknow
pleted	200							24a. Was perfo	an autopsy ormed?	availa	autopsy findings ble prior to letion of causa tth?
Com								10	Yes 22No	1 🗆 Y	es 20 No
Be	3	25. Was case reterred to medical examiner?	(1			Lavi	26. Place of Dea	th (Check only o	one)		
5 5		1 Yes 2 No  27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	1 Inpatie		ER/Outpatient 28b. Time of Injury	3 DOA Oth 28c, Injur	4 LI Nursing H		dence 6 Doth how Injury occur		
Certification:		3 Suicide 6 Could not be determined	28e. Place of Injubuilding, etc.	ary - At ho	me, farm, street	tactory, office		28f. Location ( City or To	Street end Numb wn, Stete)	er or Rurel R	oute Number,
Medical (		29e. Certifier 1 Certifying Phy (Check only one) 2 Medical Exami	eician: To the best of nar: On the basis of and mannar sta	examinat	viedge, death oc ion end/or Invest	curred at the tin	ne, date end place, pinion, daath occur	and due to the red at the tima,	ceuse(s) and me date and placa,	enner es stete and dua to the	od. a cause(s)
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Ş	/Medi Exami		4a. Facility Nama (If not Inst	tution, give		r)		CANNO	4b. City, Town, or					
(	LAGIIII	161	JOHN HOPKI	NS H	OSPITAL				BALTIMO	RE				
	Funeral Director		5. Social Security Number 214–86–765	6. S			last birthday) Yrs.	If Under 1 Yaa Months Day	r ff Undar 24 Hrs.		th , 1965	9. Birth	placa (Stata or Foreign MARYLAN	
	a-f show	ctor	Usuai Rasidance of Deceda  10a. Stata 10b. Co			10c. Cit	y, Town or Lo BALT	imore					10d Inside City Limits	
	th with the 23e or 28	al Director	10e. Street and Number	AY S	TREET			10f. Zlp Code 21 2	213		What Cou ST	ntry? ATES		
020	172 hours after death with the Maryland "netural", or items 23s or 28s-f show patical Examiner must be notified at	by Funeral	11. Marital Status X1X Nevar Marriad 2☐ 3 ☐ Widowed 4 ☐ Divi		12. Was Deceder Armed Forcas 1 ☐ Yas 2 K If Yes, Giva Yaar or Datas	s? ] <b>X</b> Io		Was Decedant of if Yas, specify Cu 1 ☐ Yas 2 XXV	Hispanic Origin? (S ban, Maxican, Puari Specify:	pecify Yas or No o Rican, atc.)	Specify	ck, Whita	can Indian, , atc. ACK	
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	s 1 and 2 should if Haalth end Mer Nem 27 le marke other treumatic		19e. fnforment's Name/Rale	CANN(				***	at and Number or Ru Y STREET	, BALTIN				
Baltimore,	or H of		20a. Method of Disposition  1 Buniai 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Specify)  20b. Place of Disposition (Nama of cematary, cramatory or other place)  VOSHELL NEMORIAL GARDENS 4-5  VOSHELL, Nama and Addrass of Facility											
00	pemit. Pa Departman Important: any injury once.		21. Signature of Funeral Sal	Vice Licen:	caid	olla	nd		rass of Facility MARCH FH.	-1101	. NORT	Ή	AVENUE	
X	Physician /Medical Examiner		23a Fart T. Enter the diseas shock, or heart failure.  immediate Cause (Fine) disease or condition resulting in death)		ona cause on aach				ying, such as cardiac	c or raspiratory a	rrest,		Approximata Intarval Between Onset and Death	
		liner	rasumy in dating		h	Dua to (o	er as a conse	quance of):				1		
DOX 00/00,	death certificate be executed a attanding physician and of for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediata cause. Enter Undartying Causa (Disaasa or injury that initieted events resulting in death) Last	{	c		r as a consec							
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10 110	ing Ph	tion: T	27. Mannar of Death 1 □ Neturei 5 □ P:	anding vastigation	28a. Data of fn (Month, D	jury ay Year)	28b. Time o injury	f 28c. fnj W			how injury occur		4	
DIVISION	or At ifter of Direct in by	Certification:	3 ☐ Suicida 6 ☐ C	ould not be tarmined	28e. Plece of I	. 4	ome, farm, str	reet, fectory, office	8	28f. Location ( City or To	Straat and Numb wn, Stata) N. Guc	-	al Routa Number,	
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		Me	29b. Signature and title of ce	Mar &	1/1			J-52.11.1-11.11.1	. M . E .		29d. Data signe			
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or attending physician.	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Page		
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AL OR ALL	L DIRECTO	2 hours aft	f Item 28
E HUSPIII	E FUNERA	d within 7.	RTANT. B
2	TO TH	be file	MPC

COMPLETED BY PHYSICIAN:

BE

9

27. MANNER OF DEATH

1 Netural

2 Accident

3 Suicide

4 Homicide

	ilm G734 item 1 P FOR STATE REGISTRAR		RYLAND / DEPA			EALTH AND N		GIENE	6 0	934,2
1	1. DECEOENT'S NAME (First, Middle, Last)	Virg	inia Scot			DEATH	2. DATE OF DEM	S. NO.  ATH  DAY  29	YEAR 1996	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-60-0766	5. SEX 1 ☐ M 2 ☒Xŧ	AGE (In yrs. last birthday, 42 YRS.	MONTH	DER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, )	0, 195	8. BIRTHP	IGH, NC
TOR	98. FACILITY NAME (If not institution, give s  MERCY HOSPITAL  RESIDENCE OF DECEMENT	treet and number)		9b. C		I MORE	ТН		unty of de n/a	ATH
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	n/a	10c. C	TY, TOW	N OR LOCAT	IMORE			1	10d. INSIDE CITY / LIMITS? 1 YES 2 NO
NERAL	100. STREET AND NUMBER 2118 MC CULL					ZIP CODE 212		UN		STATTES
B	11. MARITAL STATUS 1 Never Married 2 🖾 Xerried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (	YES 2 WO	,	13. WAS DEC If yes, spi 1 TYES	endent of Hispani pelfy/Cuban, Maxican 2 NO Specify:	C ORIGIN? (Spec Puerto Rican, a	Ify Yes or No— tc.)	14. RACE - Black, Specify	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. OECEDENT' (Give kind o life, Do NOT	work do	OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION TO ALL OCCUPATION T	N st of working	166. KIND	TE HA	NKS	
BE CON	17. FATHER'S NAME (First, Middle, Lest) MELVIN SCOTT	-				18. MOTHER'S NAM	ELLIS	HARRI	NGTON	
10	190. INFORMANT'S NAME (Type/Print) TONYA LEE		196. MAILIN 15	19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 1519 MADISON AVENUE, APT. A, BAL						MORE, M D
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND DATE cemelery, cremetory or ARBUTUS	PLACEAND DATE OF DISPOSITION (Name of PARK 4-3 ARBUTUS, MD						n, State
	21, SIGNATURE OF PUMERAL SERVICE LIC	te K.	enes	WM. C. MARCH FH1101 E. NORT						H AVENUE
	23. PART I. Enter the diseases, or complications that be used the death. Do not enter the mode of dying, such as cardiac or respiratory streat, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition and the death)  A property of the disease or condition and the death and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease of condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease or condition and the disease of condition and the disease or condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of condition and the disease of									
N	Sequentially list conditions.	b	AS A CONSEQUENCE							30min.
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	c	AS A CONSEQUENCE							
EDICAL CE	PART II. Other significent condition	a contributing to dee	th but not resulting	In the	underlying	ceuse given in P	P	AS AN AUTOPSY ERFORMED? (ES 2 [X] NO		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
<u>u</u>	Astr	nma.					1	////		VER 1 MINO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO K UNCERTAIN

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 YO 28. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify)

HOSPITAL:
1) inpatient 2 ER/Outpatient 3 DOA

28s. OATE OF INJURY (Month, Day, Year)

28b. TIME OF INJURY

28c. INJURY AT WORK?
1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED

P09125

28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 296 SIGNATURE AND TITUE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

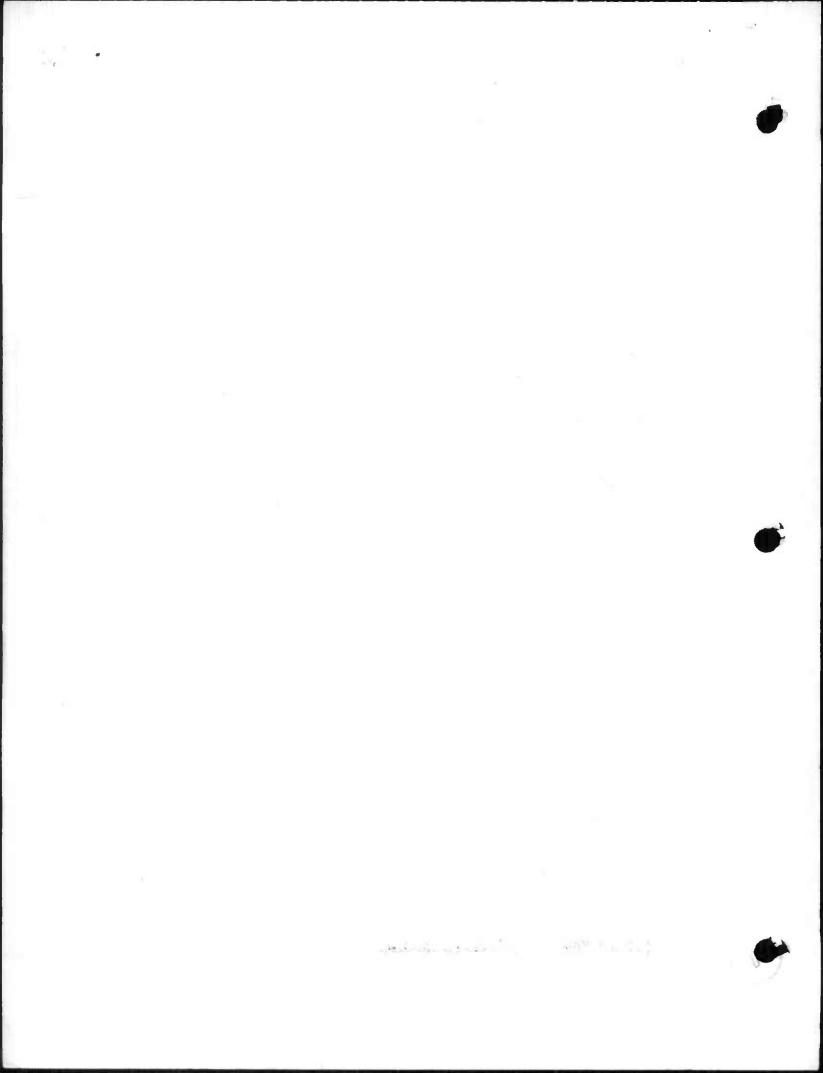
DANIEL PLUZNIK MD MEDICAL CENTER, 301 ST. PAUL PLACE, BALTIMORE, MD 21202 MERCY 31. OATE FILED (Month, Day, Year)

investigation

8 Could not be determined

OHMH-18 Rev 1/89

> 3/29/96



funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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_	THE HIGHTIN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FIRST DESCRIPTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to bright to append the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the co	the medical examiner are used that the new terms of the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT ICATE				MENTA	L HYGIEN	E		09343	
į	DECEDENT'S NAME (First, Middle, Last)  JENNIE	A			LBERT		DEA	111	MONT	OF OEATH	998	YEAR	3. TIME OF CEATH 4:25 RITI M	
	4. SOCIAL SECURITY NUMBER 212-03-7720	5. SEX	6. AGE (In yrs. last	birthday) YRS.	IF UNDER 1	DAYS	IF UNDER	MIN,	7. DATE (Mont) May	OF BIRTH h, Day, Year)	912	Count	ryland	
TOR	9a. FACILITY NAME (If not institution, give str Saint Joseph Med RESIDENCE OF DECEDENT				9b. CITY,		BON,					Baltin		
DIRECTOR	10a. STATE 10b. COUNTY	imore			Y, TOWN O	R LOCAT	ION		_				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER  1105 Ivywood Lane  11. MARITAL STATUS		pt. #203				ZIP COD	6			Uni	ted	what country? States	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	YES 2 NO	NED O	11	yes, spe		n, Mexica	n, Puerto	I? (Specify Yes Rican, etc.)	or No—	14. RAC Blac Spec	E — American Indian, t, White, etc.  White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		+) (Gh	w kind of Do NOT u	USUAL OC work done d se retired.)	uring mo:	IN st of workin	ng	16b	KIND OF BUS				
	17. FATHER'S NAME (First, Middle, Last)  Wallace Weini	nger		nome	maker		18. MOT		- '	Own Middle, Malden hroder	Surneme)			
TO BE	190. INFORMANT'S NAME (Type/Print)  Mr. John J. Colb		196		3 Oak			or Rural		ber, City or Tow	n, State, Zi		. 21234	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rame 4 Donetion 5 Other (Specify)		20b. PLACEA cemetery, crem Most	ND DATE	of disposi other place) Rede	eme!	me of Cer	n.	4/3/9	E 20c. LO	CATION -	City or T	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	worne	T. Zavo	yna	22. A	eon.	ard	J. R	uck,	Inc.				
	23. PART I. Enter the diseasea, or can shock, or heart failure. If iMMEDIATE CAUSE (Finel disease or condition resulting in death)	CEREE	DELLAR HE	MOF	rage	the mo							Approximeta Interval Between Onset and Death 7 DAYS	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO		CONSEQUENCE OF):										
	PART II. Other significent condition SENILE DEMENTA		deeth but not re	suiting	in the un	derlying	] ceuse	given in	Part i.	24s. WAS AN PERFOR	MED?	24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN VAIS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								ERTAI	Ν□				1 TES 2 DO	
PHYSICIAN: MEDICA	EXAMINER?  1  YES 2    27. MANNER OF DEATH	28a. DATE O	ER/Outpatient 3 F INJURY Day, Year)	28b. TIR		ing Hom 28c, INJ		eeldence	6 Other	or (Specify) SCRIBE HOW I	NJURY O	CCURED		
ED BY	1   Setural 5   Pending   Investigation   3   Suicide 6   Could not be datermined	28s. PLACE	OF INJURY — At hor		М	1 🗆 1	/ES 2 [	NO		CATION (Street or Town, State)		d Number or Rural Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												e) end manner ee stated.	
TO BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	rultum	\O`				29c. LIC	ENSE NU	MBER		29d. DA		D (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH JOCINDER P. MEH	TA,MD ST		ME		CEN	TER	TOW	50N,I	VID 212	04			

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# Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

G-734 reb

State of Maryland / Department of Health and Mental Hygiene Q 6 09311

		Ite	s: 23 part I, 27,25  1. Decedent's Nama (First, Midd	Ba, b, c,	d,e,f pe	r MEO	4/5/Ger	tificat	e of	Death	-	2. Dete of Dea	Reg. No.		3. Tima of	
	Physic /Medi		ERIC	NE	VIN		DOI	NNEL	LΥ			MARCH	38°, 19	996	4:50	PM.
•	Exami		4e. Fecility Neme (If not institution 13200 lot 8									ocafion of Death		of Death		
	Funeral Director		5. Social Sacurity Number 577-88-2594	6. Sax 1 ☑ M	2□ F 7. A	ga (In yrs. ia 28	ast birthday) Yrs.	If Unda Months			24 Hrs. Min.	8. Dafa of Birt (Month, Day NOV 2 I	, Year) 1967	9. Birthp Court WAS	laca (Stata or ltv) HINGTO	Foreign N DC
	Marylend H show	tor	Usual Rasidance of Decedant  10e. Stata 10b. County  VIRGINIA F	ATRFA	X	1	, Town or Lo	cation						1	0d. Inside City	
	3e or 28e	al Director	10e. Street end Number 6133 MOUNTAIN	SPRIN	GS LANE	<u> </u>		10f. Zig	Coda	4	-		10g. Citizen of V		ntry?	
20000	filed within 72 hours after death with the Marylend Hyglene. ther than "natural", or flems 23e or 28s-f show ther than Med cell Examiner must be motified at	by Funeral	11. Meritai Stafus  1 X Naver Merried 2 Mar 3 Widowed 4 Divorced	ried	Was Decedant Armed Forces' 1 ☐ Yas 21 If Yes, Giva Yaar or Dates:	? No				Hispenic Ori an, Mexican Specify:		ecify Yas or No- Rican, etc.)	14. Rec Blac Specify	ck, Whita,	ean Indien, atc.	
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and have	ad la bo	To Be C	17. Father's Nama (First, Middle, GARY WAYNE DON	•								a <i>(First, Midd</i> la, AYLOR	Maiden Sumen	ia)		
	ss 1 and 2 should of Heelth end Mer Item 27 Is marks other traumatic		19a. Informant's Name/Raletions JOAN DONNELLY		,		6133	MOUN	TAI			LANE, (	or, City or Town, CLIFTON,	VA	22024	
Dalilliole,	permit. Pages 1 Depertment of H Important: If Iter any injury or oth		20a. Mathod of Disposition 1 ☒ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (S	(pecify)	oval from Stata	CE	lace of Dispo- emetery, crefi [RFAX ]	MEMOR	othar pla	PARK	1	PR. 3, 1996	FAIRFA		own, Stafa  IRGINI	A
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	Physician /Medical Examiner		23a. Part. Enter the disease of shock, or heart failure. Use Immediata Causa (Final disease or condition resulting in death)	complicationly one c		TIC AN	D COCALI	NE INT	OXIC		cardiac	or raspiretory er	rest,	1	Approximata Interval Betw Onset and D	veen
00,000,00	the death certificate be executed y the ettending physician and ached for use as the buniel-transit	Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disaesa or Injury that intileted events rasulting in death) Last  b. Dua to (or as a conset of the causa)  Dua to (or as a conset of the causa)  Dua to (or as a conset of the causa)														
	thet det	y Physiclan/	Part II. Other significant condition	ons contrib	uting to death t	out not rasu	ilting in tha ur	ndartying o	cause gi	ven in Pert	l.		obacco use co Yes 2 No		1.	f death? Unknown
to the little of the	e lew requires hes been sign je 2 should be	Completed by											an eutopsy mad?	av	are autopsy fi ailabla prior to mpletion of ca deeth?	
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	To the To the Complete	Me	29b. Signature and title of portition	-	)			29		c.M.	Ε.		29d. Date signe			
			30. Name and address of person	1		11	11 Per		tre	et,	Balt	timore	, Mary	land	2120	1
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State of Maryland / Department of Health and Mental Hygiene Q 09345 Certificate of Death Item10e, per F.H. G-734 4/10/96 reb 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month MAJZCH **Physician** DANIEL Nathaniel DOUGLAS 1996 12:53 AM 30 /Medical 5. Sociel Security Number 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deet **Examiner** BALTIMULE NEDICAL CENTER If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Dev. If Under 1 Year 9. Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthdey) **Funeral** Deys Months 940 Mas Director Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location d other than "natural", or flema 23a or 28a-f show event, the Medical Examiner must be notified at 10d. Inside City Limits Nes 2□No Director 3A/timurE 10e. Street and Number 3812 Rolandview 10f. Zlp Code 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours aftar death with ti nent of Haulh and Mental Hygiana. Int: If fem 27 is marked other than "natural", or ffema 23a or 2 Iny or other traumatic event, the Medical Exercise man be n 21215 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Maritel Status 14. Race - American Indian. Bleck, White, etc. 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1 □ Yes 2000 Specify: Black Completed by 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry nentary/Secondary (0-12) College (1-4or 5+) FRIUNK CILBER 9rade 17. Fether's Name (First, Middle, Last). 18. Mother's Name (First, Middle, Melden Sumeme) Be 009 MOVM/E 2 19b. Meiling Address (Street end Number or Ruyal Route Number, City or Town, Stale, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) Department of Health as Important: If frem 27 is any injury or other trau BROWN Mather BAHIME 20e. Method of Disposition 20b. Pleca of Disposition (Name of cometery, cremetery or other pleca) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Removel from State ENLIOUNT CREMPTORY Mele 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility TAM Boltinore, Ped 21311 5240 Slike merio 23e. Part1, Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest shoot, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical FAILURE RESPIRATORY days **Examiner** Due to (or as a consequence of): Examiner BILATERAL PNUEMONIA The law requires that the death certificate be axecuted the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): CIRRHOSIS Box 68760. HNKNOWN 01-Physician/Medical Due to (or es a consequence of): for usa as P.O. 1 Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 Probably 4 Unknown CARDIDMYOPATHY Records, þ 24b. Were autopsy findings available prior to completion of cause of death? paga 2 should Completed 24a. Wes en autopsy performed? ENCEPITALOPATHY HEPATIC cartificate has 1 Yes 2 8 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.
To the Funeral Director: After this cartification plays filled in by the funeral director, to 25. Was case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 Yes 28 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Naturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide edical 29a, Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) MD. 1996 23300 MARCH 30 D 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) & boxty Medical Lentz. SUDKIR . D. PATEL. 2600 diberto Rd. Balto. Mp. 21215 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State Perie Davidson-Randell Registrar APR 02

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene [6] Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Dono Frio William E. 3:40 pm 3 30 1996 4e. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Hopkins Bayview Baltimore If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1⊠M 2□ F 78 216-03-0695 6/18/1917 Philadelphia Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. inside City Limits 15 Yes 2 No Baltimore N/A 10e, Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 302 S. East Avenue 2nd Floor 21224 USA 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☐No Specify: Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Stationary Engineer American Brewery 8th 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surname) Vincenzo D'Onofrio Lucia DellRosso 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Eugene D'Onofrio 2602 Southern Avenue Baltimore, Md. 21214 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from Stete Druid Ridge Cemetery 4/2/96 Baltimore, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Joseph N. Zannino Jr. Dag 116 Maria 263 S. Conkling St. Baltimore, Md. 21224 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting In death) week Pneumonia Due to (or as a consequenca of) Due to (or as a consequence of): Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Coronary Artery Due to (or es e consequence of): Vascular Cerebrel Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evalleble prior to completion of cause of death? 24a. Was an autopsy 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) 1 Yes 2 No Hospital: 1 Nopatient 2 ER/Outpatlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menner of Death 28b. Time of Injury 28e. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Investigation

**Physician** /Medical Examiner Examiner

**Physician** 

/Medical

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**Funeral** 

Director

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r than "natural", or items 23s or the Modical Examiner must be

.. Pagas 1 and 2 should be filed v tmant of Health and Mental Hygie tant: If item 27 is marked other ti lury or other traumatic event, to

permit. Pagas Department of Important: If it any injury or c

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filed within 72 hours after death with the Maryland Hygiene.

Baltimore, Maryland 21215-0020

physician and the burial-transit Box 68760 98 USB ò signed by the a Division of Vital Records. peen certificata has this funeral Aftar

Physician/Medical

Attending aftar death. Director: Aft 3 ò

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Certification:

Medical

2 Accident

3 ☐ Sulcide

29a. Certifie

4 Homicide

(Check only one)

State Registrar

29b. Signeture end title of certifier

6 Could not be determined

28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)

29c. License number 9600

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, end due to the ceuse(s) and manner as steted.
2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and menner steted.

1 Yes 2 No

29d. Date signed (Month, Dey, Year) 96

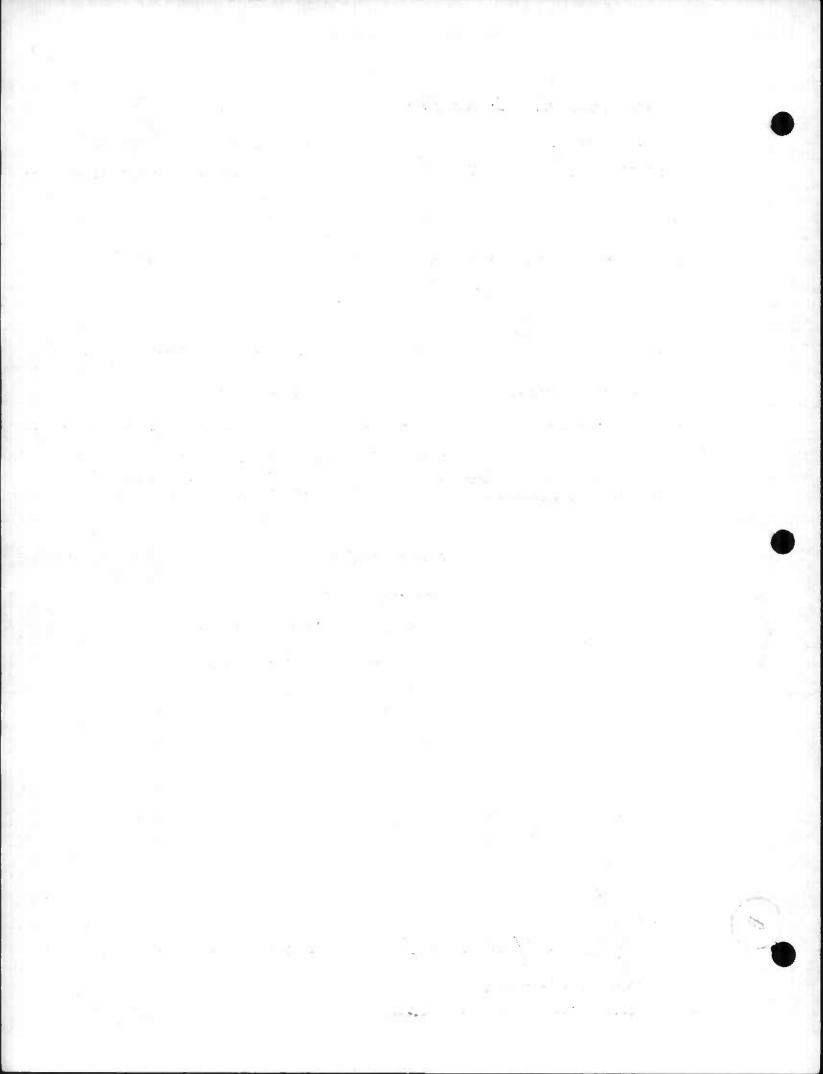
28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Drew Fuller 31. Date filed (Month, Day, Year)

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32. Registrar's Signeture Die Davidson- Anderes



Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinat must be notified at

Pages 1 and 2 should be filed within 72 hours efter nent of Health and Mental thygiene. ant: if item 27 is marked other than "natural", or ite iny or other traumatic event, its Model and its article.

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Division of Vital Attending Physician:

Baltimore, Maryland 21215-0020

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State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedant's Neme (First, Middla, Last) 2. Dete of Deeth 3. Tima ot Death Month **Physician** Year ANTOINE IVAN MARCH DOUGLAS 18 1996 4:57P.M. /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner SOUTHBOUND 183 AT 28th STREET BALTIMORE If Under 24 Hrs. If Undar 1 Yeer Data of Birth (Month, Day, Year) 6/20/1962 Birthplace (State or Foreign Country)
 MD 5. Social Security Number 7. Age (In yrs. last birthday) **X**□M 2□F Days 213-82-2933 33 Yrs. Usual Rasidance of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits MD 1 Nes 2 No BALTO. CITY Director BALTIMORE 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Code 634 E. 27th STREET 21218 U.S.A. Funeral 12. Wes Decedant Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yas, Giva Yaar or Datas: 14. Rece - Amarican Indian, Black, Whita, etc. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 1 Never Marriad 2 Married 1 Yas 2 No Specify: Specify: AFR. AMERICAN þ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Elamantary/Secondary (0-12) Collaga (1-4or 5+) UNKNOWN Ō UNKNOWN 17. Father's Nema (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Surname) JOHN LEE DOUGLAS MARY D. DOUGLAS 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) MARY DOUGLAS (MOTHER) 634 E. 27th STREET BALTO. MD 21218 20b. Place of Disposition (Nama of cemetary, cremetory or other piace) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriel 2 Cramation 3 Ramoval from State ZION CEM 3/27/1991 BALTO. MD 4 Donation 5 Othar (Specify) 22. Name end Addrass of Fecility
ESTEP BROTHERS FUNERAL HOME P.A.
1300 EUTAW PLACE BALTO. MD 21217 21. Signatura of Funeral Sarvica Licenties 23a. Part I. Emer the disaasa, or comshock or haart failura. List only of cause on each line. Do not antar tha mode of dylng, such as cerdiac or respiratory arrest, one cause on each line. Approximete Intarval Batween Onsat and Death Immediata Cause (Final disease or condition resulting In death) Examiner Sequentielly list conditions, if any, laading to Immadiata causa. Entar Undarlying Cause (Disaesa or Injury thet Influed avants rasulting in daath) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as e consequanca ot): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings availebla prior to Completed 24e. Wes en eutopsy completion of cause of death? 1 Yes 1 Yas 2 No 25. Was cesa raferrad to medical Be 26. Placa of Daath (Chack only one) Othar: 4 Nursing Homa 5 Rasidance 6 MOthar (Specify) ROADWAY Hospitel: 1 | Inpatiant | 2 | ER/Outpatient | 3 | DOA 1X Yes 2 No 2 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: bject Injury 5 Panding Investigation 1 Natural 3/18/96 1 🗌 Yas 2 Accidant pedesman reh 3 Suicide 6 Could not be datamined 28a. Place of Injury - At homa, ferm, street, tectory, office bullding, etc. (Specify) 4 Homicida roadway da Southbom 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha time, date and place, and dua to tha ceusa(s) and manner as stated.

2 Medical Examiner: On tha basis of exemination end/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the ceusa(s) and mannar stated. 29e. Cartifian Medical 29b. Signatura and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 30. Nama and address of person who complated cause of the h (Item 23a) (Type, Print) MARCH 19,1996 O.C.M.E.

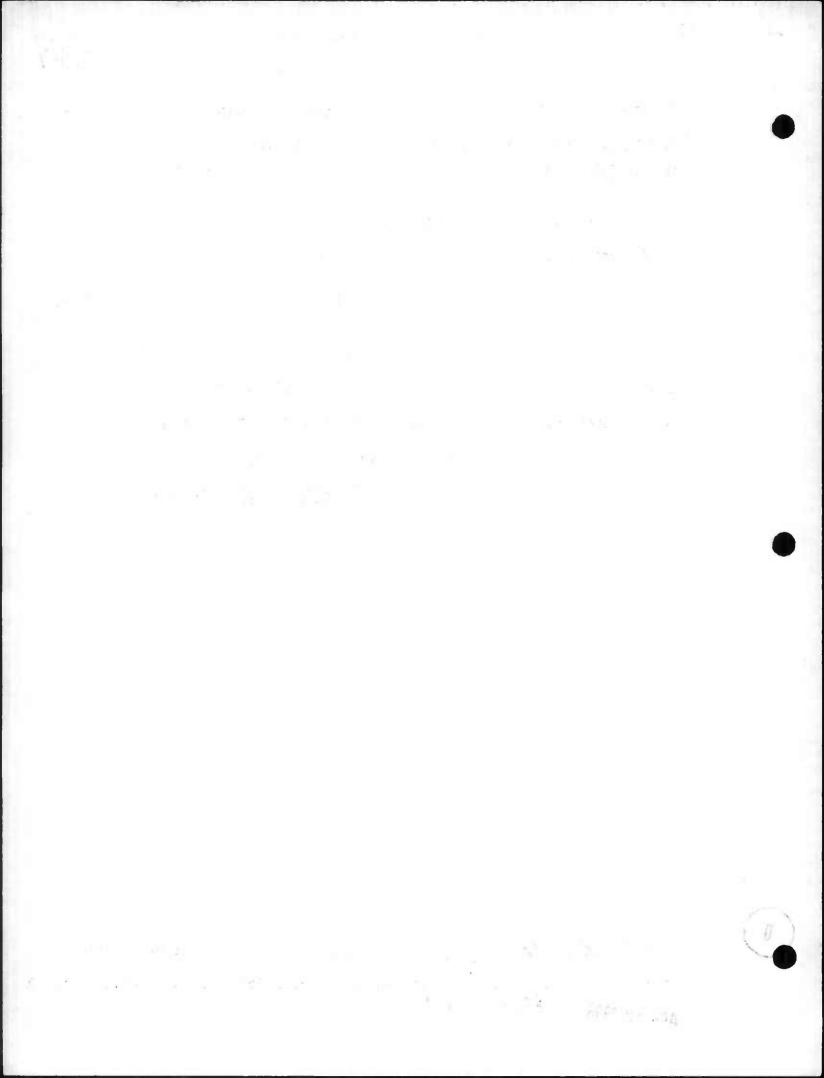
111 Penn Street, Baltimore, Maryland 21201

Julie Harideur Strande

State Registrar

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31. Data filed (Month,



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DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH iN ASIL IVALAW I 1031 MARCH 0 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 1/13/1909 IF UNDER 1 YEAR IF UNDER 24 HRS. 112 20 4145 1 M 2 | F 87 BRAZIL detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY TOWN OR LOCATION OF DEATH 9c. FOUNTY OF DEATH 7205 SEYMOUR PLACE DIRECTOR BALTIMORE DALTIMORS RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 7205 SEYMOUR PLACE 21207 U.S. OF A. executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cubse, Mexican, Puerto Ricen, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PHO 14. RACE — American Indian, Black, White, etc. If yes, specify Cubs 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES ВҮ Specify Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade comple 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12TH YEAR MAITREDE" PRIVATE COUNTRY CLUB 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) UNKNOWN funeral director, page 5 should be notified at NAME (UNK HIGGINS BE 19e. INFORMANT'S NAME (Type/Print) per or Rural Route Number, City or Town, State, Zip Code) 2 MRS. JEAN DUGGIN (WIFE) SEYMOUR OLACE BALTO., MD. 21207 must be 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State WOODLAWN 4 ☐ Donation 5 ☐ Other (Specify) CEMETERY 4/2/96 BALTIMORE, MARYLAND 21. SIGNATURE OF PUNERAL SERVICE LICENSEE LEWIS examiner T. **GWYNN** 22. NAME AND ADDRESS OF FACILITY LEWIS T. GWYNN FUNERAL HOME 21215 Lewis PARK HEIGHTS AVE. attending physician and completely filled in by the intal Hygiene prior to burial, cremation, or removal. 4517 MD the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. **Approximate** Interval Between Onset and Deeth IMMEDIATE CAUSE (Final disease or condition Tekio SoleR 0772 resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) traumatic MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING requires that the death certificate be CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Mental F shows any Injury, RECEOURNAL DIRECTOR: After this certificate has been signed by the iled within 72 hours after death with the State Dept. of Health and Me-PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO PLETION OF CAUSE 1 TYES 2 ALL 1 YES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL OTHER: TO THE HOSPITAL DR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA 6 Other (Specify) 6 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Is marked, 130 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY - At home, ferm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 28 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. IMPORTANT: 11 EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and manner ee stated. BE filed PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)

ADSTROAGERICK 1 ~ 2 A. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)
APR 0 2 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

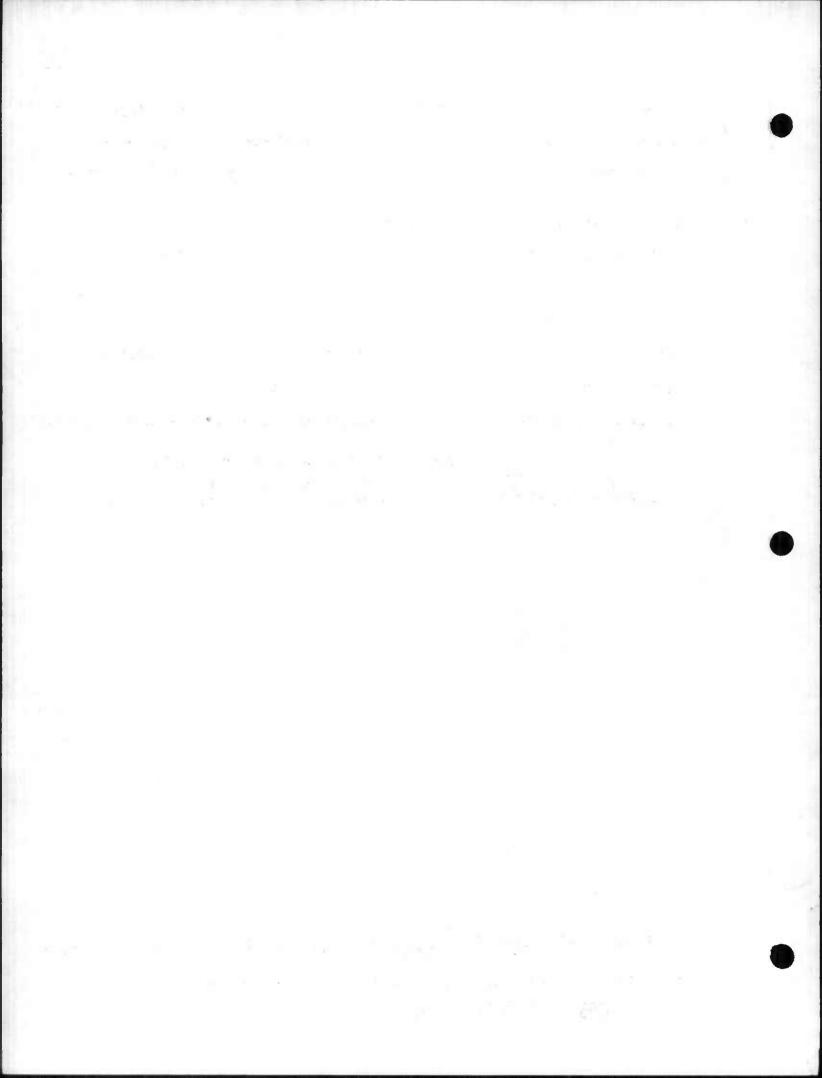
CERTIFICATE OF DEATH

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State of Maryland / Department of Health and Mental Hygiene 96 09349

					Certifica	ate of	Death		Reg. No.	0 0	9349
Physi	alan	Decedent's Neme (First, Middle, Las						2. Date of De	eth Dev	Year	3. Time of Death
/Med		MADELINE FA	PANCES DO	WLIN	9			MAR		1996	5:00 PI
Exam		4e. Facility Neme (If not institution, give			/		4b. City, Town, or Lo	ocation of Deeth	4c. Count	ty of Death	11/2
		ST. AGNES HOSPITA	L				BALTIMO			IMORE	CITY
Funera Directo		5. Social Security Number 8. S. 216-74-6953  Usual Residence of Decedent	ex	n yrs. last bir	Yrs. If Unc Month	ler 1 Yeer s Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, Da OCT . 8	th y, Year) ,1923	9. Birthpi Count BAL	iece (State or Foreign try) TIMORE
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should be and Mental a marked o sumatic eve	2	LUKE LANAHAN					ELSIE	SMITH			
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o de la la la la la la la la la la la la la		20e. Method of Disposition 1 ☑ Surlal 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	Removel from State	cemeter	Disposition (A y, crematory of WRIDGE	r other plac	ce) RIAL PK 4,	/3/96	20c. Location ELKRID		wn, State
permit. Pag Department Important: it any Injury o		21. Signature of Furnerel Service Licen	Slann	en-			NERAL HOMINS AVENUE-		ORE, MD	2122	9
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death certificata be executed e attending physician and of for use as the bunal-transit	Medical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last		to (or es e o	structure of	n f	Culmourly	bis	ecni.	1	20 years
a death cer he attendir hed for usa	Physician/	Part II. Other significant conditions co	dntributing to death but no	ot resulting in	the underlying	cause giv	ven in Pert i.	23b. Did 1	lobacco ues c	ontributs to	the cause of death
v requires that the de been signed by the a should be detached	by Phy							10	Y88 2□ No	3 Prob	ebly 4⊠Unknow
8 8 CA	Completed								an autopsy med?	ave	ore sutopsy findings pilable prior to inpletion of cause death?
The i	ပ္ပြ							101	res 20 No	10	Yes 210 No
ysician: This certificata director, pag	Be	25. Was case referred to medical exeminer?					28. Place of Deet	h (Check only o	ne)		
0 0	To	1 Yes 2 No	Hospitel: 1 Inpatient	2 ER/Ou	tpatient 3	OOA Oth	er: 4 Nursing Ho	me 5 Resid	dence 8 🗆 Ot	her (Specify	)
Afta Afta		27. Menner of Deeth 1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investigation	28a. Dete of Injury (Month, Day Ye	28b. T	lme of njury M	28c. Injur Wor 1 🔲	y et k? Yes 2 No	28d. Describe h	now injury occu	rred	
tal or Attendent is efter deat al Director: ed in by the	Certification:	3 Suicide 6 Could not be determined	28e. Pieca of injury- building, etc. (S	At home, fe	rm, street, fecto	ory, office		28f. Location (5 City or Tox		ber or Rural	l Route Number,
the Hospital hin 24 hours the Funeral npiataly filled	edical	29a. Certifier (Check only one) 1 Certifying Phy	sician: To the best of mi iner: On the basis of exa and menner steted.	minetion and	deeth occurre Vor investigetion	d et the tin	ne, dete end pleca, plnion, deeth occurr	and due to the deed at the time,	cause(s) and m date end place	anner as sta , and due to	ated. the cause(s)
To the To the comple	2	29b. Signeture end title of certifier	10108	~	2	9c. Licens	e number		29d. Date sign	ed (Month, L	Day, Year)
		for DR. Morbeli	many 7h	an Par	, Resident	1	00 914	2.	MAR	31	1996
		30. Neme and address of person who con the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	ompleted cause of deeth	(Item 23e) (	Type, Print)	Ave	, Baltimo				
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Regist		31. APR 02 1996 9	una Davidson-V	andall							



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State of Maryland / Department of Health and Mental Hygiene C

			State of IV	iaiyiaii		Certificate of			Reg. No.	05	350
	Physic /Medi		1. Decedent's Name (First, Middle, Last)  Deborah	Dil	10,	1		2. Date of De Month		Year 96	3. Time of Death 4:30 pm
	Exami		4e. Facility Name (If not institution, give street end number	")			4b. City, Town, or Le	ocation of Deat			
-	Funeral Director		219-76-8225 1 <sup>1</sup> M 2DXF	ment ge (In yrs. le 38	st birth	dey) If Under 1 Year Months Days	Hours Min.	(Month, De	Balt by, Year)	9. Birthple Count	e ece (Stete or Foreign ry) yland
	and w		Usual Residence of Decedent  10a. State 10b. County	10c. City	Town	or Location				10	d. Inside City Limits
	Ba-faho	ctor	Maryland Baltimore	Lar	nsd	owne					1 ☐ Yes 2√ No
	with th	i Dire	10e. Street and Number  2 Silerton Road Apartm	ent 3	3 C	10f. Zlp Code 21227	7		10g. Citizen of V United		•
020	filed within 72 hours after death with the Maryland Hygiena. Wher than "natural", or items 23a or 28a-f show ent, the Medical Examinet must be notified as	by Funeral Director	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced  1 2. Was Deceden Armed Forces 1 Yes 2 If Yes, Give	t Ever in U,S ?   No		13. Was Decedent of If Yes, specify Cut	Hispenic Origin? (Spoan, Mexican, Puerto	ecity Yes or No Rican, etc.)	14. Rac Blac	e - America k, White, e	an Indian, etc.
5-0	72 ho	ted	15. Decedent's Education (Specify only highest grade completed)		18a. [	Decedent's Usuel Occu Give kind of work done	pation	ina	16b. Kind of Bu		
21215-0020	is 1 and 2 should be filed within 72 hours aft of Health and Megtal Hygiene. Item 27 is merified other than "natural", or other traumatic event, in Medical Earth II.	Completed	Elementary/Secondary (0-12) Collaga (1-4or	5+)		intenance	ed)	mg	resid	en+i	a 1
P	il Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyginal Hyg	e C	17. Fether's Name (First, Middle, Last)		ma	Tircenance	18. Mother's Nam	e (First, Middle			a I
/lar	ğ Mi	ToBe	Alvin L. Adkins				Naomi	Feldma	n		
Maryland	2 sho and I is me	ľ	19a. Informant's Name/Relationship (Type, Print)			Mailing Address (Stree					
	l and lealth im 27 ther tr		William Dresh	DOP BI		Silerton					
Baltimore,	nt of h		20a. Method of Disposition 1 ☐ Burlai 2 ☐ Cremetion 3 ☐ Removal from State	5		Disposition (Neme of cremetory or other ple		Date	20c. Location -		
Ħ	artme vrtant		Donation 5 Other (Specify)	Mea	ado	wridge Me		4/3/96	Dorse	y, M	aryland
Ba	permit. Pages 1 and 2 Department of Health a Important: If item 27 la any Injury or other trai		11/10			Ambrose	Funeral	Home,	Inc.		butus
			23a. Part1. Entar the disease, of complications that cause shock, or heart failure. List only one cause on each	d tha daath. line.	Do no	at enter the mode of dy	ing, such as cardiac	or respiratory a	rrast,		227 Approximate Interval Between Onset and Deeth
	Physician /Medical		immediate Cause (Final	Ad	Va	nced A:	TOS				5/2 grs
	Examiner		disease or condition resulting in death) a.			onsequance of);				1	- , 2 , 3
	70 .55	ner		000 10 (01	G0 II U	maequance on,					
ć	ficate be axecuted g physician and as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury c.	Due to (or	es e co	ensequence of):					
68760,	ohysicie the bu	edical	Cause (Disease or injury that initiated evants rasulting in death) Last	Due to (or	ns a co	nsequence of):				1	
Box 6	E 0 6		d								
	tha death cert y the attending ached for use a	sicia	Pert II. Other significant conditions contributing to death	but not resul	ting In	tha undartylng cause g	iven in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?
P.0	that tha death cer ed by the attendin detached for use	Physician/M				,		1 🗆	Yes 2 No	3 Prob	ably 4 Unknown
	8 8 8	by							lara a sana		
Records,		Completed							an autopsy ormed?	con	re autopsy findings ilable prior to appletion of cause leath?
	The law ate has page 2	mo:						10	Yes 2 No		Yes 2□ No
of Vital		BeC	25. Was case referred to medical examiner?				28. Place of Deet	h (Check only	one)		
>	Physician: this certific ral director,	To	1 ☐ Yes 2 No Hospital: 1 ☐ Inpat	ient 2 E	R/Outp	eatlent 3 DOA	her: 4 Nursing Ho	me 5 Resi	dence 6 □Oth	er (Specify	)
ou o	28a. Date of injury (Month, Dey Year)  28b. Time of Injury at Work?  1 Natural 5 Pending investigation 3 Suicide 4 Homlcida  28a. Place of Injury - At home, farm, streat, factory, office 28b. Time of Injury at Work? 1 Yes 2 No  28b. Time of Injury at Work? 1 Yes 2 No  28c. Injury at Work? 1 Yes 2 No  28d. Describe how Injury occur (Month, Dey Year)  28d. Describe how Injury occur (Month, Dey Year)  28d. Describe how Injury occur (Month, Dey Year)  28d. Describe how Injury occur (Month, Dey Year)  28d. Describe how Injury occur (Month, Dey Year)  28d. Describe how Injury occur (Month, Dey Year)  28d. Describe how Injury occur (Month, Dey Year)  28d. Describe how Injury occur (Month, Dey Year)							how injury occur	ed		
Division	of Attendi	ertifica	3 Suicide 6 Could not be datamined 28a. Place of Ir	njury - At hon tc. (Specify)	ne, farr	n, straat, factory, office		28f. Location ( City or To	Street and Numb wn, Stete)	er or Rural	Route Number,
	Though	Carc	29a. Certifier (Check only 2 Medical Examinar: On the pasts of	of my know	ledga,	daath occurred at the ti	ima, data and place,	and dua to tha	causa(s) and ma	innar as sta	ited.
4		Med	one) and manner s	tated.	ori aritu/			rec at tha time,			
-	of # of o	_	29b. Signature and title of certifier	1	M. 1	29c. Licen			29d. Date signe	(Month, E	ley, Year)
	12		30. Name and eddress, of person who completed cause of			•	D39834			1/0/	116
	1		4000 Wilkens AUC	Ba	He	. NID	21229 -	Dia	na FP	29	M.D
	Sta		31. Date filed (Month, Dey, Year)	Pomples	2	:	/	- / 5 - 4		11	
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State of Maryland / Department of Health and Mental Hygiene 96 09351

						Cert	tificate	e of	Death		P	Reg. No.		
	Physic /Med		1. Decedant's Nama (First, Middla, L EDITH		RRELL		D	A	NIE	5	2. Dete of Dee Month	oth Day	Year 996	3. Time of Deeth 7 · 54PI
	Exami		4a. Facility Name (If not Institution, gi		ienter				Balt	im	ocation of Death	-		
	Funeral Director		5. Sociel Security Number 6. 2 1 4 - 7 4 - 2 7 5 8  Usual Residence of Decedent	Sex 1 □ M 2 XF	a (In yrs. lest birt	rs.		1 Yaar Deys	If Undar Hours	24 Hrs. Min.	8. Date of Birth (Month, Dey JUN 6	1, Year) 1900	9. Birthpi Count	ece (Steta or Foreign try) SC
	Marylend H show	tor	10a. Stete 10b. County  MD N/A		10c. City, Town								10	Od. inside City Limits
	h with the	al Director	10e. Street and Number 2155 MT. HOL	LY STREE	T		10f. Zip		1216			10g. Citizen of	What Count	Iry?
020	n 72 hours efter death with the Manyland "natural", or tierna 23a or 28a-f show points! Exercites trust be recitied at	by Funeral	11. Meritel Status  1 □ Navar Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1  Yes 2 If Yes, Give Yeer or Detes:					Hispenic Ori ben, Maxicai Specify:		ecify Yas or No- Rican, etc.)		ce - Amarica ck, White, e	
21215-0020	C * 6	Completed	15. Decedent's Elementery/Secondery (0-12)	ducation rade completed)  College (1-4or 5		(Give ki	ent's Usuel ind of work O NOT use	k done	during mos	t of work	ing	16b. Kind of E	Business/Ind	lustry
and 21	2 should be filed within and Mental Hygiene. Is marked other than " sumatic event, the Me	Be	1 2 17. Fether's Neme (First, Middle, Las			HON	MEMA	KE	1		e (First, Middle,	Meiden Sumei	N HOM	E
Maryland	12. har	T	JACK HA  19a. informent's Neme/Relationship THEORTRIC DANI			-					ral Route Numbe	r, City or Town		Code)
altimore,	T T P P		20e. Method of Disposition  1 Burial 2 Cremation 3 ( 4 Donation 5 Other (Speci	Removel from State	20b. Plece of	Disposi y, crame	ition (Nem etory or oti	e of har pla	ice)	4	OD, NC Dete 1-2-94	20c. Location ENFIE	- City or To	
Balti	permit. Peges Department of Important: If is eny injury or once.		21. Signetury I Funeral Service Lice	Hack		22. S 7	Name and	Addr	ess of Fecili	TON	FUNER	AL HOM	iE, I	
Box 68760,	The lew requires that the death certificate be executed as the transfer at the stending physician end in page 2 should be detached for use as the burial-transit	an/Medical Examiner	23a. Pert1. Enter the disessa, or conshock, or heart feilure. List only timediate Csuse (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or injury that infilieted events rasulting in death) Last	s. Myo( b. Carolia c. Pneu		onseque	ence of):				о газрячогу агг	est,		Approximeta interval Between Onset and Deeth  day 5.
J.	thet the deal ed by the att detached fo	/ Physician/	Pert li. Other algnificant conditions (Ghqut ine									obacco usa co /es 2 No		the cause of death?
ecords	aw requires thet the desired by the school be detached	Completed by	Conquirine fait la 5 days.  1 Yea 2 No 3 F  24e. Was en sutopsy performed?  24b.							COF	re sutopsy findings illable prior to appletion of cause desth?			
of Vital Records,		Be Com	25. Wes case referred to medical exsminer?							of Deet	1 □ Y		10	Yes 2 No
Division of	tanding Physicath.  Ior: After this the funeral di	Certification: To	27. Mennar of Death 1 Natursi 5 Pending investigatic 3 Suicide 6 Could not determined	OB Diseased to le	y Year) 28b. T	ime of jury	M 28	Bc. inju Wo			28d. Describe h	ow injury occu	rred	,
_	eral filled	edical Ce	29a. Certifier (Check only one)  Certifying Pl	hystotan: To the best of minsr: On the basis of and menner ste	axemination and	deeth d	occurred e	t the t	ime, dete en opinion, dae	d piece,	end due to the c	euse(s) and m deta end place,	anner as st	ated. the cause(s)
1	To the Fun completely	Me	29b. Signeture end title of certifler	0			AS	5 2	se number	614	1-24	3 / 2 9	3/96	
6	1		30. Name and address of person who Harbor Hospi	tal cent	er 30		rint) S H	s	HERI	H	LASS A	Hospi	tal (	enter.
	Sta Regist		APR 0 2 1996	32. Registre	ar's Signeture									

and the second

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Gertrude	Patricia	Di	veley		March 31°	1996	7:00 Am		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign ountry)		
į	217-26-8999  9e. FACILITY NAME (If not institution, give str	1 M 2 F	66 YRS.	9b. CITY, TOWN (	HOURS MIN.	NOV. 27 1	929	Maryland		
DIRECTOR	Railway Avenue 6	5728		Dundalk			Baltin			
<u> </u>	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			10d, INSIDE CITY LIMITS?		
5	Maryland Baltim	ore	Du	ndalk				1 TYES 2 NO		
AL.	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
E	Railway Avenue 6	5728			21222		U.	S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2X NO	If yes, sp		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:		
	21				Λ·			White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S (Give kind of life, Do NOT u	WORL OCCUPATION OF MINERAL NO.	ON ost of working	working 16b. KIND OF BUSINESS/INDUSTRY				
LE	Elementary/Secondery (0-12)	College (1-4 or 5 +) NA	Teac		do	Non-rood	Flemor	ntary School		
ME	17. FATHER'S NAME (First, Middle, Last)	INA	Teac	ners Ar		ME (First, Middle, Meiden		icary scroot		
	Benjamin	TΩ	lmanowsk	i		YNOWN	Sumame)	0.00		
H	198. INFORMANT'S NAME (Type/Print)	16.				Aoute Number, City or Tow	on State 7in Cod			
2	Jeffery Dive	eley				undalk, Ma	ryland	21222		
	20e. METHOD OF DISPOSITION  1		D.PLACE AND DATE netery, cremetory or of Greenino		eme of Apri	1	timore	or Town, State , Maryland		
	21. SIGNATURE OF FUNDMAL SERVICE LICE					Chojnacki				
	· Mark	(1)	/					Maryland 21224		
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	resulting in death)	"	CONSEQUENCE							
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CERTIFICATION	if any, landing to immediata cause. Enter UNDERLYING	DOE TO (ON AS	CONSECUENCE O	r).						
음	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	NF):						
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SICAL	PART II. Other eignificant conditions	contributing to death t	out not resulting	in the undarlyin	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEI							Λ	1   YES 2   NO		
ž	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	OF DEATH Y	es 🗆 no 🗓	UNCERTAL	N 🗆	1			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	TH (Check only one			· ·			
SI	1 XYES 2 NO	1 Inpatient 2 ER/Out	patient 3 🗆 DQA	OTHER: 4  Nursing Hor	ne 5 Residence	6 Other (Specify)				
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIP		JURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCURE	:D		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
3 Suicide 4 Homicide  Could not be determined  26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, dete end place, end due to								ural Route Number,		
7	29e. CERTIFIER 1 CERTIFYING PHYSIC	DIAN: To the best of my know	vledge, desth occur	red at the time, date	end plece, end due	to the couse(e) end me	nner ee stated.			
M								use(e) end menner ee stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				2Qc. LICENSE NU			GNED (Month, Day, Year)		
= 1. Crossen alongram, M.D.   107652   April 1,199										
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	e, Print)				•		
	J. Crossan O'Dor	navan M.D.	211	2 Dundal	k Avenue	Dundalk,	Marrela	nd 21222		
	31. DATE FILED (Month, Day, Year)	. 32. FEGIGTRAR'S ST	NIPE 2		11VC11CC	- Dubutty	· ALL Y LO	BA CICLL		
APR 0 2 1996  APR 0 2 1996										

Please Type of Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item: 1, per F.H. G-734 4/2/96 reh 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dey no FADES 3.14PM OILLETT TOM GLENN MARCH 1996 22 4a. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death HOSPITAL BALTIMORE BAUTIMORE CIT CENTER HARBOR 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Day, Year) Birthplece (State or Foreign Country)
 MD 6 Sex 7. Age (In yrs. lest birthdey) 1√ M 2□ F Days Months 30 216-78-4502 12/9/1965 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTO, CITY BALTIMORE 1 Ves 2 □ No 10a. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 1714 N. PULASKI ST. 21217 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 Marital Status 14. Race - American Indian, Bleck, White, etc. 1X Never Married 2 Married 1 ☐ Yes 2 No Specify Specify: AFR. AMERICAN 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b, Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) WORKER 12 BALTO. GOODWILL 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) SUSIE EADES EDWARD D. EADES 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) SUSIE EADES 1714 N. PULASKI ST. BALTIMORE MD 21217 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) DRUID RIDGE CEM. 3/29/1996 BALTO, MD 22. Name and Address of Facility
ESTEP BROTHERS FUNERAL HOME P.A.
1300 EUTAW PLACE BALTO. MD 21217 21. Signature of Euneral Service Licensee ath. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death Immediete Ceuse (Finel disease or condition resulting in death) MULTI ORGAN FAILURE Due to (or as a consequence of) MENNINGITIS CRYPTOCOCCUS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or as e consequence of): ACQUIRED IMMUNE DEFECIENCY SYNDROME Due to (or as a consequence of): HUMAN IMMUNODEFICIENCY VIRUS INFECTION 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 M No

**Physician** /Medical Examiner

physician

signed by i

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certificate has

this funeral

After

after death Director: A

the

The lew requires that the death certificate be executed

P.O. Box 68760,

Records.

Division of Vital Attending Physician: **Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

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23a or

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MD

Director

Funeral

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Completed

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2

the Medical Examiner must be notified at

death with the Meryland

filed within 72 hours eftar

3altimore, Maryland 21215-0020

Examiner Physician/Medical à Completed Be 2 Medical Certification:

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1⊠Inpatient 2□ER/Outpatlent 3□ DOA 27. Manner of Death Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending 1 MNatural 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

29c. License number

AS2441614-16

29d. Date signed (Month, Dey, Year)

MARCH

State Registra

29b. Signature and title of certifier

31. Date filed (Month, Day, Year) APR 0 2 1996

K. AMBALAVANAR ITARBOR HOSPITAL CENTER, 300, SOUTH HANDUER STREET 132 Registrar's Signative

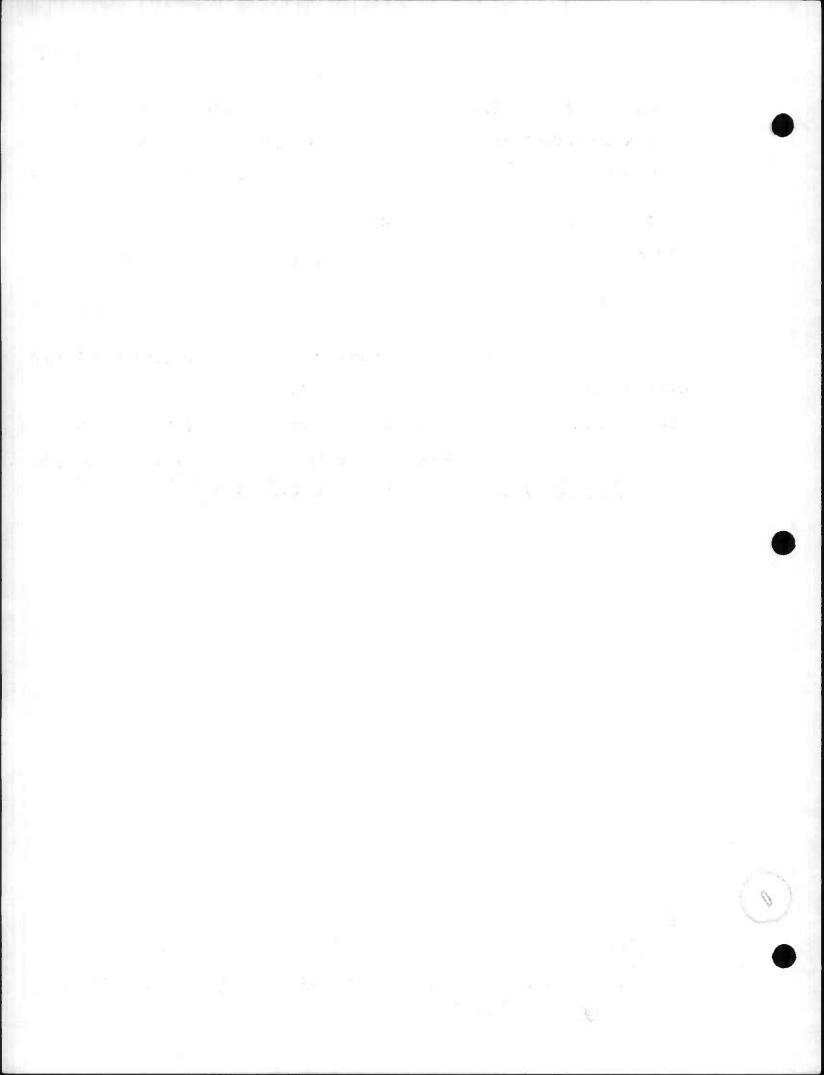
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

and the second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 09354

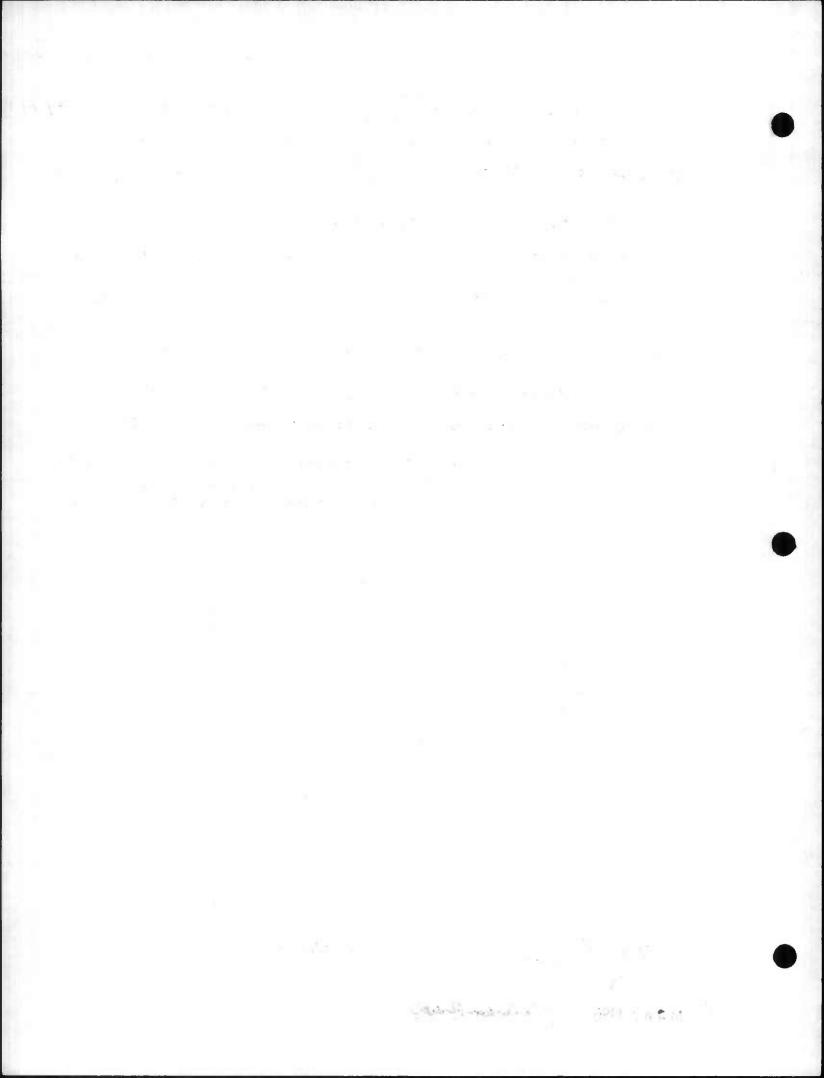
					Certifica	ate of l	Death		Reg. No.		
		1. Decedent's Name (First, Middle, La	st)					2. Dete of De		Vees	3. Time of Deeth
Physi /Mar		Annie Leslie	Sims	F1c	wers			Month March	28,	1996	3:20 PM
Exam	dical	4e. Facility Name (If not institution, giv		1.10	WCZ O	4	b. City, Town, or L	100000000000000000000000000000000000000	7	ounty of Deeth	
_ LAGII	mici	Horizon Specialt					Baltimo	ro			
		5. Social Security Number 6. S	-	(In yrs. lest bird	thday) If Und	der 1 Yaar	If Under 24 Hrs.		rth	n/a	place (State or Fernior
Funera Directo			□M 201F		Yrs. Month		Hours Min.	(Month, Da			place (State or Foreign ntry)
Directo	)I	Usual Residence of Decedent		/1				April	26 19	24 South	Carolina
pue *		10a. Stata 10b. County		10c. City, Town	or Location						10d. inside City Limits
sho	5	16									N☐ Yas 2☐ No
the Marylar 28e-f show	School	Maryland n/a		В	altimo						
F 22	Directo	10e. Street and Number			10f. 2	Zip Code			10g. Citize	n of Whet Cou	ntry?
23a		3520 Rhome Road					21244			USA	
Within 72 hours effer death with the Maryland Jiene. Then "natural", or Items 23a or 28a-f show the Madical Examiner must be notified at	Funeral	11. Maritai Status	12. Was Decedent E Armed Forces?	ver in U,S.	13. Was Dad	edant of H	Ispanic Origin? (Si n, Maxican, Puart	pecify Yas or No	o- 14	. Raca - Ameri	
efter dea or items		1 Never Merried 2 Married	1 ☐ Yes 2. ⚠ No	0				o Mican, etc.)		Bleck, White,	, etc.
d within 72 hours et giene. or than "natural", or the Magicial Exam.	Completed by	3 ☐ Widowed 4 🛣 Divorced	if Yes, Give Yaar or Dates:		1 LI Yes	2 X No	Specify:		S	pecify:	ack
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filed within Hygiene.	E	Elementary/Secondary (0-12)	College (1-4or 5-	+)			•		0		
Y UIZ		17. Fether's Name (First, Middle, Last)	6+		Pro	ofess	16. Mother's Nen	on (Eiget Middle			e College
S is b	Be									umamaj	
Mer Mer	2	Andrew A. Sims					Ethel (	G. Madde	XC		
2000		19a. Informent's Name/Relationship (	Type, Print)	19b.	. Meiling Addre	ess (Street	end Number or Ru	ral Route Numb	er, City or T	Town, Stete, Zi	p Code)
OI -		Edward Flowers		8	23 Hers	shire	Drive	Bethe:	Park	, PA	15102
of Health of Health fitam 27		20e. Method of Disposition		20b. Place of	Disposition (A	leme of	<b>a</b> )	Dete		tion - City or T	
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the Hospital of Atlanding Physical Research County The Court, the Purers Director: Albur this repetery filled in by the furneral of	edical Certification:	2 Accident 3 Suicide 4 Homicide  29a. Certifier 29b Square and titla of cartifier  30. Name and address of person who	28e. Pleca of Injurbuilding, atc.  yaiclan: To the best of hiner: On the basis of end manner stet	(Specify) my knowledge, examination and	death occurre	ed at the timon, In my op	a number	City or To	ceuse(s) at dete end p	signed (Month,	o the cause(s)



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Dete of Deeth 3. Time of Death **Physician** :18 P.M 24, 1996 Jeannette A. Fickes March /Medical 4e. Fecility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Glen Bernie Anne Arundel North Arundel Hospital If Under 1 Year If Under 24 Hrs. 8 Data of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Deys 1□M 3€X Yrs. 217-34-5034 76 Director Dec. 22, 1919 Maryland Usual Rasidance of Dacedant with the Maryland 10a. State 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show treumstic event, the Medical Examiner caust be notified at 1 Yas 2 No Director Balto.City, Md. Maryland none 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 21230 1420 Light St. United States death permit. Peges 1 and 2 should be filed within 72 hours after dea. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural". ... income any injury or other treumstic event. 12. Wes Decedant Evar in U,S. Armed Forcas? Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indian, 11. Marital Status Black, White, etc. 1 Never Merried 2 Married 1 Yas PRNo Specify: White 1 ☐ Yes 2 No Specify: à 3 ☐ Widowed 4 ☑ Divorced Yaar or Datas: Completed 15. Decedant's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Coliega (1-4or 5+) Own Home Homemaker 7th.Grade none 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Geisler 10 Davis Anna Henry 19a. Informant's Name/Raiationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 1420 Light St.Balto.Md. 21230 C. Prochaska Mrs.Rosena 20b. Piece of Disposition (Nama of cemetary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 Cremetion 3 Ramovel from Stete 4 Donation 5 Othar (Specify) Glen Haven Mem.Park 3/28/96 Glen Burnie, Md. 21. Signature of Funeral Service Literature 22. Neme end Addrass of Facility Balto.Md. 21230 athi McCully Funeral Home, 130 E. Fort -23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intarvei Between Onset and Death **Physician** immediata Causa (Final disease or condition rasulting in death) /Medical Examiner Examiner physician and s the burlal-transit that the death certificete be executed Sequentially list conditions, if any, laading to immadieta causa. Enter Underlying Cause (Diseese or injury that initiated evants rasulting in death) Last Records, P.O. Box 68760. Physician/Medical Dua to (or a a con 88 for use as signed by the sid be detached Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown à been si 24b. Were autopsy tindings available prior to completion of cause of death? 24e. Wes an autopsy performed? Completed has certificate 1 Tyes 2 1 No 1 Yas 2 No Division of Vital director, 25. Was casa raterred to medical axaminer? Be 28. Pieca of Deeth (Check only ona) To Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 11-110 this funeral 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Dascribe how Injury occurred Certification: 5 Pending investigation 1 Natural death. 2 Accident 1 ☐ Yas 2 ☐ No i or Attend after death Director: To the Hospital or Atterwithin 24 hours after decorpt to the Funeral Director completely filled in by the 6 Could not be datamined 3 Suicida 28a. Place of injury - At home, tarm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homlcida 29e. Cartifier 1 Certifying Physician: To the best ot my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and placa, and dua to the cause(s) and mannar stated. (Check only one) 29b. Signature end titla ot certifler 29c. License number 29d. Deta eigned (Month, Day, Year) Maun 3.26.96 nd address of person who completed cass of death (Itam 23a) (Type, Print) 31. Dete tiled (Month, Day, Yej APR 0 2 1996 Registrar



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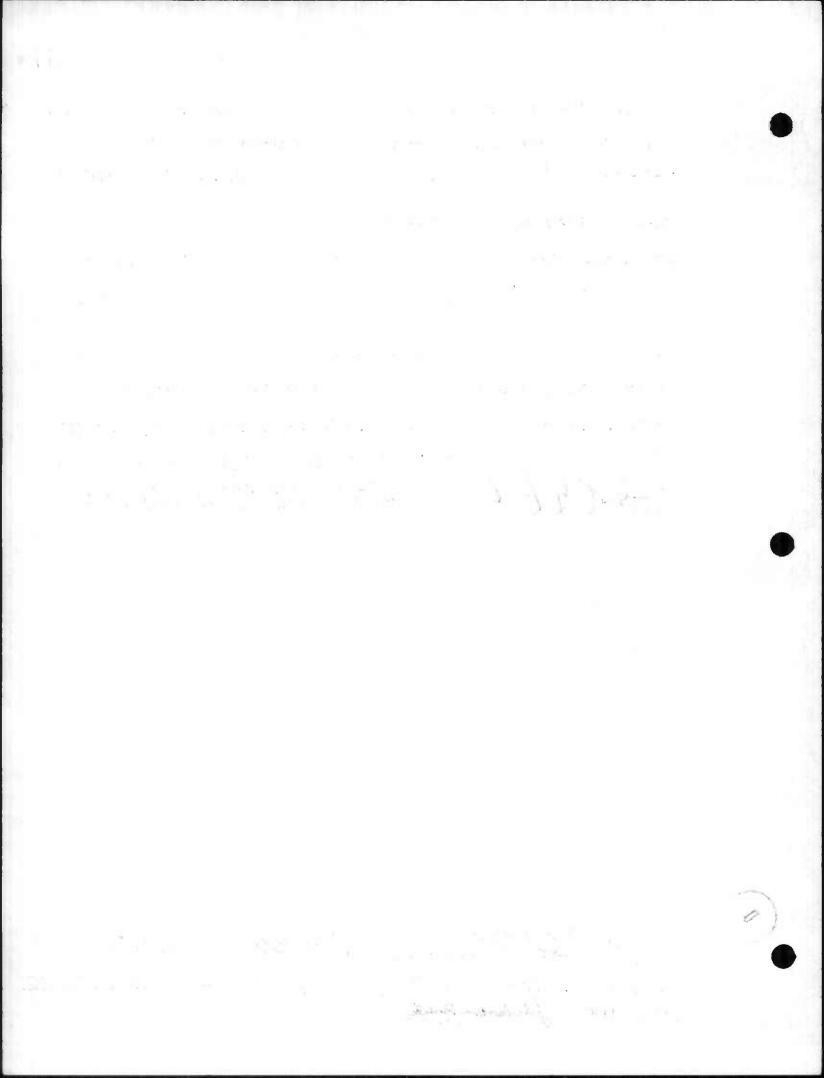
		Item: 19a, per F.H.G-734 4	-	Certificate of		R	eg. No.	96 09356
Physic /Medi		Decedent'e Neme (First, Middle, Last)     Tammy J	Jo Ford			2. Dete of Dee Month March	Dey 29 1	3. Time of Deeth 1996 11:00 A.M
Exami	ner	4e. Fecility Neme (If not institution, give street end number)  1347 Old Mountain Road		4	tb. City, Town, or Li Pasadena		4c. County Anne	of Deeth Arundel
Funeral Director		5. Social Security Number 6. Sex 7. Age 1 1 M 2 1 F	62 , Y	nday) If Under 1 Year Months Deys		8. Dete of Birth (Month, Day Feb. 8,	Year)	9. Birthplece (State or Foreign Country) Virginia
and and		Usuel Rasidence of Decedent  10a. Stete 10b. County	10c. City, Town	or Location				10d. Inside City Limits
Mary	tor	Maryland Anne Arundel	Pasade	ena				1 ☐ Yes 2 No
or 28	Director	10e. Street end Number		10f. Zip Code		1	0g. Citizen of V	What Country?
ath w		1347 Old Mountain Road		2112			U.S	S.
be filed within 72 hours efter death with the Maryland klal Hygiene. d other than "natural", or flems 23s or 28s-f show event, the Madical Examiner must be notified at	by Funeral	11. Marital Stetus  1 □ Never Merrled  2 □ Marrled  3 □ Widowed 4 ☒ Divorced  12. Wes Decedent E Armed Forces?  1 □ Yes 2 ☒ Nit Yes, Give Yeer or Detes:		13. Was Decedent of H If Yes, specify Cube 1 ☐ Yes 2 ☑ No	ispenic Origin? (Sp en, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		e - American Indien, ck, White, etc. White
d within 72 hours eff giene. If than "natural", or the Medical Extern	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  College (1-4or 5-	+)	Decedent's Usuel Occup (Give kind of work dona of life. DO NOT use retired	etlon during most of work 1)	ing		usiness/industry
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C-N		Trula Ford M. THORN		47 Old Moun				Maryland 21122
5 5 5		20e. Method of Disposition 1 St Buriel 2 ☐ Cremetion 3 ☐ Removel from State	20b. Place of l	Disposition (Neme of cremetary or other plea	>e)	Date	20c. Location -	City or Town, Stete
Pages ment of I ant: If its lury or o		4 Donetion 5 Other (Specify)		Hill Cemete		1/2/96	Baltim	nore, Maryland
permit. Page Department of Important: If any Injury or once.		21. Signeture of Funeral Service Licensee	she	22. Name and Addres				Home P.A. Md. 21225
Death certificate be executed  Medical Examiner  e ettending physician and provided and for use as the burial-fransit	n/Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that bished see the	Due to (or es e co	onsaquence of):	of an e	400		180g
death e ette	sicla	Pert II. Other eignificant conditions contributing to death but	t not resulting in	the underlying causa giv	en in Pert I.	23b. Did to	obacco use co	ntribute to the cause of death?
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iclan: The law requires that the certificate has been signed by the rector, page 2 should be deteched.	Completed		,			24a. Wes a perform		24b. Wara autopsy findings aveileble prior to completion of cause of daeth?
		OF Was some relevant to medical				1 🗆 Y		1 Yes 2 No
	To Be	25. Wes case referred to medical examiner?  1  Yes 2 No	nt 2 ER/Outp	petient 3 DOA Oth	er: 4 ☐ Nursing Ho	h (Check only or ome SQ Deside		er (Specify)
Attending Physician: or death. ector: After this certific by the funeral director,	Certification:	27. Menner of Death  1 Natural  5 Pending Investigation  3 Suicide  6 Could not be	Year) inj	jury Wor M 1□	y et k? Yes 2 □ No	28d. Describe h		
pital or Attending Physical street death.  Incurs after death.  Incred Director: After this by filled in by the funeral di		4 Homicide determined 286. Piece of Injur	(Specify)	m, street, fectory, office		City or Tow	n, Stete)	per or Rural Route Number,
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1		Med & Know	1 stern	ria an	753		3/3	9196.
5		30. Name and addrass of person who complated cause of day	eth (Item 23a) (T	Type, Print)	llolm	, s deen	- H	ofen, 2113
Sta Registr		31. Dete filed (Month, Dey, Year)  APR 09 1996  4 White Javid APR	r's Signeture	-				

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State of Maryland / Department of Health and Mental Hygiene Q &

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П	Discort		Decedent's Neme (First, Middle, Last)				2. Dete of Deet Month	h	Vaca	3. Time of Death
	Physici /Medi		William Bernard Fisc	cher, Sr	•		March 3	Dey 31. 1990	Yeer	11:51 AM
	Examir		4e. Facility Neme (If not institution, give street and number)			4b. City, Town, or I		4c. County		
			John Hopkins Bayview Medic	al Cent	er	Baltimon	re City	N/A		
	Funerai			e (In yrs. last birt	thday) If Under 1 Yee	r If Under 24 Hrs.		V	9. Birthple	ce (State or Foreign
	Director		213~20~5256  Usuel Residence of Decedent	70	Yrs. Months Deys	Hours Min.	8. Dete of Birth (Month, Dey, Oct. 17	1925	Mary	land
	72 hours effer death with the Maryland natural', or flems 23a or 28s-f show if all Examples must be notified at		10a. Stete 10b. County	10c. City, Town	n or Location				10	d. Inside City Limits
	ter death with the Marylan flems 23a or 28a-f show for must be notified at	to	Maryland Baltimore	Duno	talk					1 Yes 2 No
	1 the	Director	10e. Street end Number		10f. Zip Code	1	1	0g. Citizen of W	Vhet Count	~
	3a o		7863 St. Fabian Lane		2122	0		1773		
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	ther c	Fun	Armed Forces? 1 ☐ Never Merried 2 ☑ Married 1 ☑ Yes 2 ☐ F		13. Wes Decedent of If Yes, specify Cu		Rican, etc.)		k, White, e	tc.
320	is e	by	3 ☐ Widowed 4 ☐ Divorced If Yes, Give Yeer or Detes:	WW II	1□ Yes 21XNo	Specify:		Specify	: Whi	te
21215-0020	n 72 hours efte "natural", or i eu cal Exemic		15. Decedent's Education	169	Decedent's Usuel Occu	ination		16b. Kind of Bu	siness/indi	istov
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212	within iena. the Max	E	Elementery/Secondery (0-12) College (1-4or 5	5+)	uck Driver	•		Transpo.	ntati	ON
D	il Hygid other		17. Fether's Neme (First, Middle, Last)				ne (First, Middle, I			on
a	Mental Mental arked o	To Be	George Whitecliff Fischer			Maria Ma	rgaret B	urmoist	OH	
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Ž	and 2 saith a n 27 is		Pamela R. Fischer		63 St. Fab.					
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			21. Fit1. Enter the disease, or complications that caused shock, or heart failure. List only one cause on each lin	the deeth. Do r	not enter the mode of dy	ring, such es cardiac	or respiretory erro	est,		Approximate intervel Between
	Physician /Medical Examiner		tmmediete Ceuse (Finel diseese or condition resulting in deeth)	liac	arrei	P				Onset and Deeth
Box 68760,	eath certificate be executed attending physician and I for use as the burial-transit	n/Medical Examiner	if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	Due to (or es e c	2	myof	ntly			
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P.O.	t the	Physician/N	Part ii. Other significant conditions contributing to death be	it not resulting in	i the underlying cause g	IVen in Pen I.	1 U Y	/		the cause of death?
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State of Maryland / Department of Health and Mental Hygiene

						Cei	rtificate o	f Death		Reg. No.		0 2 3 3 0					
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r	Physic /Medi		Mabel I. For	ehrkolb					Month	1 29, 199	96	2:30pm					
	/iviedi Examii		4a. Facility Nama (If not institution, gi	va street and nu	ımber)			4b. City, Town, o									
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Ц			Usual Rasidance of Dacedant						oure 2	23/1.710	West	Virginia					
	Ag M		10a. Stata 10b. County		10c. Ci	y, Town or Lo	cation					10d. Inside City Limits					
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	28 the	Director	10e. Streel and Number				10f. Zip Code	1		10g. Citizen of	What Cou	ntry?					
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	d within 72 hours after death with the Maryland piene. r than "natural", or flerns 23s or 28s-f show the Medical Examiner must be notified at	Funeral		_	adent Cuer in 11	C 12.1			(Canally Van as 8	1		ena la dica					
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Maryland 21215-0020	T O D	Be	17. Fathar's Name (First, Middla, Las	()				18. Mother's N	ama (First, Midd	la, Ma <i>iden Sum</i> ar	na)						
yle	Me Me	2	William W.	Pritt		-		D	orsey Jo	ordon							
a	2 sh and and sm		19e. informent's Neme/Ralationship	(Type, Print)		19b. Mailir	ng Addrass (Stre	et end Number or I	Pural Routa Num	ber, City or Town	, Stata, Zij	o Code)					
	and alth		Albert Foehrk	olb		94	7 Kinwat	Ave. Ba	ltimore	Md. 212	21						
ore	of H		20a. Malhod of Disposition	70		Placa of Dispo	sition (Nema of natory or other p	elace)	Data	20c. Location	- City or T	own, Stata					
Ĕ	Pag ment mr: H				State				/2/96	Rossvi	lle	MD.					
Baltimore,	permit. Pages 1 and 2 should be filed Department of Health and Mentel Hyg Important: If Item 27 is marked other any injury or other traumatic event, once.		1   Serial   2   Cramalion   3   Ramoval from State   Gardens of Faith   4/2/96   Rossville														
m	Depa impo any is		R. Turry Councily   Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221														
		-	23a Part1 Enter the disease or com	Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221  a. Parti. Enter the disease, or complications that caused the deathy Do not enter the mode of dying, such as cerdiac or respiratory arrest,  Approximate													
	Dharatatan		shock, or haart lailura. List only	ona cause on a	aach lina.	1		ymg, cach ac cord	ac or raspiratory	411001		Interval Between Onsel and Death					
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	Examiner		Immediata Causa (Final disaasa or condition rasulting in death)  a.   Quantum Ac Caucing a														
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Division	ending beth. or: After the fune	to	1 Natural 5 Panding 2 Accidant invastigation		ith, Day Year)	Injury		ork7 □Yas 2□No									
13	after deal Director: 3 in by the	flea	3 ☐ Suicida 6 ☐ Could not t	28a. Place	of Injury - At he	oma, farm, str	aat, factory, offic	0	28l. Location	(Street and Num	ber or Rur	al Routa Number,					
É	d in b	Certification:	4 Homicida	build	ing, atc. (Specif	y)	•		City or T	own, Stata)							
1	Hospital 24 hours Funeral stely filled		29a. Certifiar 1 Certifying Pl	vsician: To the	bast of my kno	wladge death	occurred at the	tima, data and place	e and due to th	a causa(s) and m	anner as i	stated					
	Fur etely	edical		miner: On tha b	asis of examine	tion and/or inv	astigation, in my	opinion, daath occ	curred at the time	a, deta and placa,	and due t	o tha cause(s)					
	To the Hospital Affant within 24 hours after death To the Funeral Director: completely filled in by the	end mannar stated.  29c. Licansa number								29d. Data signe	ed (Month.	Day, Year)					
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	5				all /			07890	/	1,10	14						
			30. Nema and address of person who					.d D-1+	o MD	21239							
			Jose F. Morelo	s, M.U.	; DOUL	LOCH R	aven biv	u., bdil	טויו, ווט	41433							
		State 31. Data filed (Month, Day, Year) 4 PIR 962 1995															
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# BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	ar this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
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PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	n signed	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he law re	has bee	e Dept. o	m 23 sh
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AN REGISTRAR Item: 22, per F.H. G-734 4/2/ERTIFICATE OF DEATH STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 94 JRANT PH STERLING 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 1 M 2 F DAYS HOURS 215-41-4692 MARYLAND 9a. FACILITY NAME (If not institution, give atra 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIV MARYLAND MEDICAL SYSTEM DIRECTOR BALTIMORE BALTO. CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BACTIMORE BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4000 WOODRIGE 21229 USA RD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE — American Indian, Black, White, atc. 1 Nover Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) N/A N/A 0 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) STEPHANIE UNKNOWN 6 GRANT BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Boute Number City or Town, State, Zio Code) 2 MARTHA GRANT (GRANDMOTHER) 4000 WOODRIDGE RD BALTO. MD 21229 20s. METHOD OF DISPOSITION
1 VI Buriel 2 Cremellon 3 Removal from
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State STERN STAR CEM 4/3/1996 CATONSVILLE MD 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY टेलान नेडिंग निर्माण ड ESTEP BROTHERS FUNERAL HOME 1300 EUTAW PLACE 23. PART I Enter the diseases, or complications that caused the der shock, or heart failure. List only one cause on each line. from that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition VERWHELMINE
DUE TO (OR AS A CONSEQUENCE OF) resulting in death) HEMORRHAGE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ction 1 TES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — Al home, ferm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be determined 4 Homicide 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as atsted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER MO/ASST PROF 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 3909 DIRECTUR PED AIDS PROBE 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) IN FUNDER DEDOKALERY AND THE REAL PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T

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RECORDS, P.O.

DIVISION OF VITAL

permit. director, page 5 should be detached for use as the burial-transit the hospital or attending physician. after death. Page 6 may be retained by funeral the state filled in by cremation. and completely fi o burial, cremation with law requires that the death certificate be executed

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HOSPITAL OR ATTENDING PHYSICIAN: The FUNERAL DIRECTOR: After this certificate ha within 72 hours after death with the State D (TANT: If Item 28 is marked, or Item 3

CERTIFICATION

MEDICAL

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IMPORTANT:

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 11:45P. GORDON BET MAR. 8 1996 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) SEPT. 8,1922 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F MONTHS DAYS HOURS MIN 218-18-5844 VRS MARYLAND Se. FACILITY NAME (If not Institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LEVINDALE BALTIMORE N/A RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY FLORIDA DADE **AVENTURA** 1 X YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 20355 W. COUNTRY CLUB DRIVE, APT. 405 33180 USA 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Il yes, specify Cuben, Maxicen, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried 3 Widowed 4 Divorced WHITE 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 3 UNION SECRETARY AFGE-SOCIAL SECURITY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) FRANK COHEN LENA KESSLER 190. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code, (33180)MR. GEORGE GORDON (HUSBAND) 20355 W. COUNTRY CLUB DRIVE, APT 405 AVENTURA, 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE BETH EL MEMORIAL PARK - 3-31-1996- RANDALLSTOWN. 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADORESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE MD 23. PART I. Enter the diseeses, or complications thet ceused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, **Approximate** ck, or heert fellure. Liet only one cause on each line interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) a. Hoerocas cin oma DUE TO (OR AS A CONSEQUENCE OF): 10/95 Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER** 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient ireing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) Could not be 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) end menner as stated.

MEGICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and menner so stated.

2434

29c. LICENSE NUMBER

ME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

HEIMON

DHMH-18 Rev 1/89

29d, DATE SIGNED (Month, Day Year

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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March Fordon 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIFTH (Month, Day, Year 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreig 216-30-2196 1 X M 2 - F 60 1/14/1936 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JOSEPH RICHIE HOSPICE DIRECTOR BALTIMORE BALTO. CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY MD BALTO. CITY BALTIMORE 1 YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE retained by the hospital or attending physician. 5 should be detached for use as the burlal-transit 1650 KINGSWAY RD 21218 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIYE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married Specify: AFR. AMER. BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION

Work flone during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only his (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 0 UNKNOWN UNKNOWN once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ERNEST L. GORDON page 5 should be 70 ETHEL L. GORDON notified 19a. INFORMANT'S NAME (Typo/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BESSIE FAISON (SISTER) 1650 KINGSWAY RD BALTO, MD 21218 after death. Page 6 may be pe 20e, METHOD OF DISPOSITION

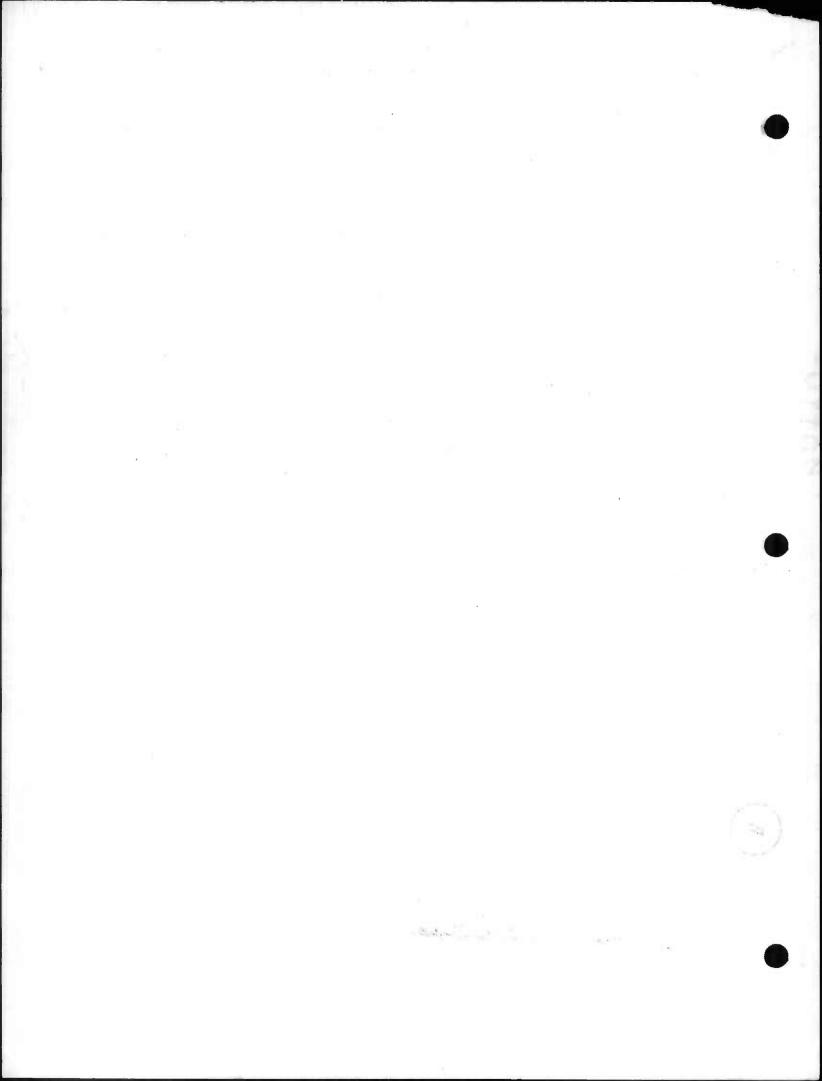
1 Duriel 2 Cremation 3 Rev
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must funeral director, MT / ZION CEM. 4/1/1996 BALTO. MD 21 SIGNATURE OF FUNERAL SERVICE LIGENSES examiner 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTIMORE MD 21217 n by the removal. medical filled in by ti AHT-I. Enter the diseases, or complications that can sed the death shock, or heert fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onaet and Daath Cashinatory Arnast the cremation, disease or condition resulting in death) completely event. and com other traumatic CERTIFICATION Sequentially list conditions, QUE TO (OR AS A GONSEOUENCE OF): 1 Ang physician and Hygiene print If any, leading to immediate cause. Enter UNDERLYING lotastastasis CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST au cin oma 0 PART II. Other eignificent conditions contributing to deeth but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL Health and AWAILABLE PRIOR TO any COMPLETION OF CAUSE 1 | YES 2 | 100 Shows 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2 PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL certificate h HOSPITAL: OTHER:
4 | Nursing Home | 5 | Realdence | 6 | Other (Specify) 1 YES 2 10 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Hospice 0 the 26e. DATE OF INJURY (Month, Day, Year) 26d. DESCRIBE HOW INJURY COURED 27. MANNER QE DEATH 26b. TIME OF 26c. INJURY AT WORK? this c marked, 1 Natural 5 Pending 1 YES 2 NO BY investigation After 1 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 80 COMPLETED 23 29s. CERTIFIER

(Chack and 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner es attend. TO THE HOPPING TO THE PURPLE BE filed w 2 MEDICAL EXAMINER: On the examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) BE o alls 1 D08900 ဥ 30. NAME AND ADDRESS OF 878 N. Eudaw St. rwin des 21201 31. DATE FILED (Month, Day, Year) DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH



#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9.6. 0.9.2.6.2

							of Death		Reg. No.	0	2002
Physicia	n	1. Decedent's Nama (First, Middla,	•					2. Data of Do		Year	3. Tima of Death
/Medica		Mary L. Grime						March	27°, 19	96°	11:00 Am
Examine		4a. Facility Nama (If not institution, g	Nursi,	e der	-		4b. City, Town, o	ville		of Death	ce
Funeral Director		217-07-5407	. Sax 7. A 1 □ M 2 2 F	ga (In yrs. 84	last birthday) Yrs.	If Under 1 Y Months D	aar If Under 24 Hr ays Hours Mir		7 1 9 1 1	9. Birthp Cour Mal	elace (State or Foreign
and w		Usual Rasidanca of Decedant  10a. Stata 10b. County		10c. City	y, Town or Lo	cation				1	0d. însida City Limits
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288-	Director	10e. Street and Number	WOLE.	Cat	Olisvi	10f. Zip Co	de		10g. Citizan of	What Cour	ntry?
With With		219 Mt. DeSal	as DA			212			U.S.A.		,
if e, Mar yial to ZIZID-UOZU  1 and 2 should be filed within 72 hours after death with the Maryland 1 Health end Mental Hygiene. 1 tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Evantine must be notified at	by Funeral	11. Marital Status  1 Never Married 2 Married 3 Wildowed 4 Divorced	12. Was Decedant Armed Forcas	?		Was Decedant If Yas, specify	of Hispanic Origin? (Cuban, Maxican, Pua	Specify Yas or Norto Rican, atc.)	o- 14. Rac Bla	ce - Amaricok, White,	atc.
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Ment Ment rked tic	၉	Eugine Walsh					Julia	Hughes			
2 she end		19a. Informant's Name/Ralationship			1		reet and Number or F				
and lealth m 27 her tr		Julia Buckley	Daughter	1.00							MD21060
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State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death Item: 4b, per F'.H. G-734 4/2/96 reb.
1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** GRUHN 8:20 PM FREDERICK WILLIAM 3 /Medical 4a. Facility Name (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** AWNE ANDREW COUNTAINNE ARUNDEL NORTH ARUNDEL HOLPITAL 7. Age (In yrs. lest birthdey) If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number Birthplace (State or Foreign Country) **Funeral** 1 M 2□ F 216-36-2624 QO Yrs. Director MARYLAND Usuai Residence of Decedent the Manyland 10a. State 10b. County 10c. City, Town or Location 10d. fnside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar rount be notified at 1 Yes 2 No Director MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 203 N. STREET S.E. 21061 U.S.A. Funeral 12. Wea Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No if Yes, Give Year or Dates: WWII Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Meritel Stetus 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: 3 Widowed 4 □ Divorced WHITE Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working iife. DO NOT use retired) 15. Decedent's Education ify only highest grade completed) 16b. Kind of Business/Industry (Specify only highest g Pagas 1 and 2 should be filed within nent of Haalth and Mental Hygiena. nt: if itam 27 is marked other than " Elementary/Secondary (0-12) College (1-4or 5+) N/A U.S. POST OFFICE 12 MAIL CLERK 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be UNKNOWN HILDGARD 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) WILLIAM F. CARTER 8153 HARVEST COURT, SEVERN, MARYLAND 20b. Place of Disposition (Name of cametery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State 1 D Burial 2 □ Cremetion 3 □ Removal from State permit. Paga Department o Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) GLEN HAVEN MEMORIAL PARK 4/2/96 GLEN BURNIE, MARYLAND 22. Name and Address of Fecility SINGLETON FUNERAL HOME 21. Signature of Funeral Service 1 SECOND AVENUE S.W., GLEN BURNIE, MD 21061 disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, fure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting In death) /Medical STROKE Examiner Examiner CANICER PROSTATE The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and physician s tha burial P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? signed by ti ME 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. þ 24b. Were autopsy findings evailable prior to 24a. Was an autopsy performed? Completed completion of cause of death? 1 ☐ Yes 2 ☐ No ospital or Attending Physician: 25. Was case referred to medical Be 26. Place of Deeth (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Da Inpatient 10 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? Medical Certification: 28b. Time of 28d. Describe how Injury occurred Aftar 5 Pending investigation 1 Naturai daath. 1 ☐ Yes 2 ☐ No Z Accident Director 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) aftar 4 | Homicide Punerel 29a. Certifie Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29b. Signeture end title of certifier 29d. Date signed (Month, Dey, Year) HUNSE-STAFF 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) NORTH ARUNDEL HOSPITAL 301 HOSPITAL BURNE MD. 210CY SAJJAN) MI). 32. Registrar's Signature 31. Date filed (Month, Dey, Year) State Registrar APR 02

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month **Physician** HENRY JEFFERSON HAWKINS 11.00am MARCH 1996. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** GOOD SAMARITAN HOSPITAL BALTIMORE CITY If Under 1 Yeer | If Under 24 Hrs. 8. Date of Birth Months | Days | Hours | Min. | Month, Day. f Birth Day, Year) 9. Birthplace (Stete or Foreign Country) (Stete or Foreign V Aro Un a 5. Sociel Security Number 7. Age (In yrs. last birthdey) **Funeral** Months 24/-34-5589 Usuel Residence of Decedent 4 M 2□ F Yrs. **Director** 10a. State 10b. County 10d. inside City Limits 28a-f show traumatic event, the Medical Examiner must be nothled at BALLIMURE 10 Yes 2 No Directo 10e. Street and Number 10g. Citizen of What Country? items 23a or 517 2/2/2 UER BLOOK Funeral filed within 72 hours efter death Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried Yes 2 No f Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2000 Specify: B þ 3 ☐ Widowed 4 ☐ Divorced lack Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working
life. DO NQT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry other than Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. Worker Maintenner 9rdde permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: If fem 27 is marked other eny injury or other traumatic event once. 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame; Be HAWKINS 200 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) WIFE 10 20a. Method of Disposition Place of Disposition (Name of cametery, crematory or other place) Date 1 Burial 2 Cremation 3 Removal from Stete BAHT MORE On CEmetery 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service License Both ruce, Me 21211 KEISTERSTUN EIND 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate tnterval Between Onset and Death **Physician** /Medical Immediate Cause (Finel PONTINE INFARCT. Iweek disease or condition resulting in death) Examiner Due to (or as a consequence of): 2 weeks CVA The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of): years physician s the burial HYPERTENSION Box 68760. Physician/Medical Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. ate has been signed by the page 2 should be detached 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 | Yee 205 No þ Completed 24e. Wes an autopsy performed? 24b. Were autopsy findings aveileble prior to completion of cause of death? 1 X Yes 2 No 1 ☐ Yes 2 X No n-rificate 25. Was case referred to medical Be 28. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 N Inpatient 2 □ ER/Outpatient 3 □ DOA 28c. Injury at Work? 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: 5 Pending Investigetion 1 Natural 1 Yes 2 No 2 Accident after dem Director or Atte 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours a To the Funeral D Hospital Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, end due to the cause(s) and menner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number Pari PO 9307 MARCH 30,1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) BALTIMORE. SAMARITAN HOSPITAL, UMA RANI, 6000 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture State

lia Davidson

APR 0 2 1996

Mandelle

**DHMH 16 Rev 6/95** 

Registrar

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_/Medic		KATHER DE 4a. Facility Name (If not Institution, gi	ive street and number			Hou	STON TOWN O	MARCH r Location of Death	4c. County	110	3.03 pm
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death with the Maryland ms 23a or 28a-f show r must be notified at	Funeral Director	10e. Street and Number				10f. Zip Coda			0g. Citizen of	What Country?	
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Physician /Medical Examiner		Part1. Enter the disease, or cor shock, or heart failure. List only      Immediate Cause (Final disease or condition resulting in death)		PSIS			ing, such as cerdi	ac or raspiratory are	ast,	Inte	proximata arval Between set end Death
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State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** CHARLES HOUSTON MARCH 29, 1996 4:00 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 3826 DECKERTS LANE BALTIMORE N/A 8. Date of Birth (Month, Dey, Yeer) MARCH 13,1914 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. Birthplece (State or Foreign Country) **Funeral** Months Deys 12M 20 F Hours 215-01-8281 82 OHIO Director Usuel Residence of Decedent with the Maryland 10e Stete 10b County 10c. City. Town or Location ahow 10d. Inside City Limits other traumatic event, the Medical Examiner must be notified at MD. N/A 1 Yes 2 No Director BALTIMORE 288-1 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code 23a or 21234 3826 DECKERTS LANE IISA deeth Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☑ Yes 2 ☐ No if Yes, Give Year or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) Hems 11 Marital Status 14. Reca - American Indien. Bieck, White, etc. pemit. Pages 1 and 2 should be filed within 72 hours efter. Department of Heelth and Mental Hygiene. Important: If Item 27 is merked other than "natural", or then any Injury or other traumatic event, the Medical Exemptant 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: à Specify 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) ENGINEER CROWN CORK & SEAL 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be CHARLES A. HOUSTON MARGRET WHITE 0 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) PATRICIA HOUSTON 3826 DECKERTS LANE BALTIMORE MD. 21234 20e. Method of Disposition 20b. Pleca of Disposition (Name of Dete 20c. Location - City or Town, Stete cemetery, crematory or other plece)
GREEN MOUNT CREMATORY 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete BALTIMORE MD. 3/30 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerei Servica Licensee 22. Name end Address of Fecility
HARTLEY MILLER FUNERAL HOME 7527 HARFORD ROAD BALTIMORE MARYLAND d 21234 23a. Pert / Enter the liseese, or complications thet caused the death. Do not enter the mode of dying, such es cardlec or respiretory errest, shock, or heer feiture. List only one ceuse on eech line. Approximete intervel Between Onset end Deeth **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical **Examiner** Examiner the bunal-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest pue Box 68760. nding physiclan certificete be Physician/Medical Due to (or es e consequença of) 98 esn etten Por P.O. I signed by the e Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Records. 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? page 2 should Completed 24e. Wes en eutopsy performed? peen The law hes certificate 1 Yes 2 1 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 124 hours after death.
 Funeral Director: After this certifical 25. Wes case referred to medical examiner? Be 28. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 2 do 10 1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Day Year) funeral 27. Manner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. injury et Work? Certification: 1 Naturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) in by 4 Homicide TS Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pieca, and due to the cause(s) end menner stated. 29a. Certifier Medical To the Within 2 29b. Signeture and title of certifier 29d. Dete signed (Month, Dey, Yeer) 29c. Licanse number 30. Name end address of person who completed cause of deeth/(Item 23e) (Type, Print) 31. Dete filed (Month, Day, Yeer) 32. Registrer's Signeture State a Davidson APR 0 2 1996

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Registrar

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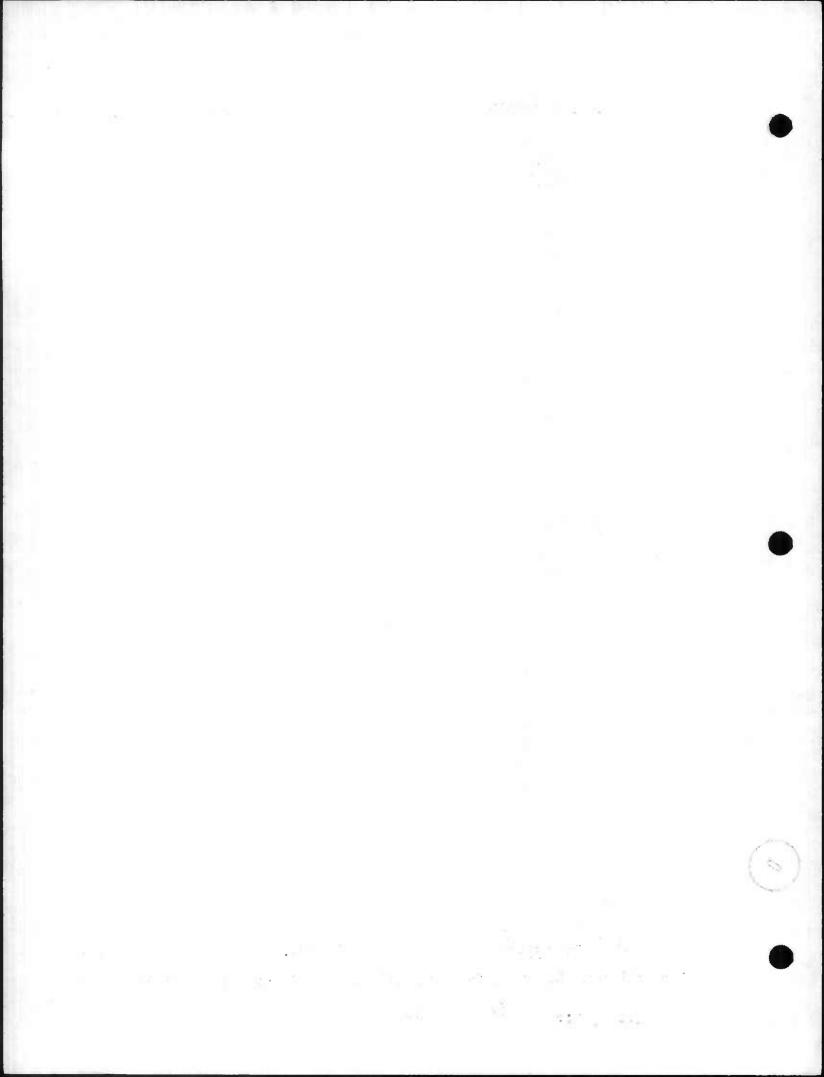
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State of Maryland / Department of Health and Mental Hygiene O

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5		30. Nama and address of person who co	mplated cause of dec	eth (Item 23a)	(Type, Print)		-	ott City			1996.
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State of Maryland / Department of Health and Mental Hygiene 96 09369

						Cei	tificate o	of Death		Re	g. No.	0 (	
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Ë	Pages nent of ant: If its ury or o		Cremetion 3 4 □ Donation 5 □ Other (Spe		St. (	Char	les Cem	etery	3/25	P.	ikesvi	lle,	Maryland
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	1. DECEDENT'S NAME (First, Middle, Las ELEANOR	per F) H. G-734 M.		BERKAM		2. DATE OF DEA	ATN 7 1 996 YEA	1 2:50 am
	4. SOCIAL SECURITY NUMBER 218 09 5933	-	E (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURA MIN.	7. DATE OF BIRT (Month, Day, 1	(bar) Co	outine Care (State or Foreign aryland
TOR	Saint Joseph Me				VBON, MAN		9c. COUNTY O	PE DEATH BITTOPE
DIRECTOR	10a. STATE 10b. COUN	N/A		ry, town on Locat Baltimore				10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	100. STREET AND NUMBER 329 Imla Str	eet		101	21224		10g. CITIZEN C	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2X NO	If yes, sp	CENOENT OF NISPAI becity Cuban, Mexica 3 2 NO Specific	n, Puerlo Rican, e	HC.)	RACE — American Indian, Black, White, etc. Specify:
COMPLETED	ts. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)					100	of Business/INDUSTR	TY .
ш	17. FATNER'S NAME (First, Middle, Last) Harvey McV	ey Sr.				ME (First, Middle, Martin		
TO B	194. INFORMANT'S NAME (Type/Print) Sharon L. Morri	s,Niece					or Town, State, Zip Code Md. 21224	)
	26a. METNOD OF DISPOSITION  1	emoval from State	ob. PLACE AND DATE emetery, crematory or Oak Law	other place) on Cemete	ery 4-	2-96	Eastwood,	
	► Charler	b. Zeiler					Son Inc.	
	23. PART i. Enter the diseases, o	ar compliantions that come						
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B.K.S ITEMS: 23 PART I. 27.

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Funera Directo		5. Social Sacurity I 219-76-3	170	Sax 7.	Age (In yrs. 25	last birthde Yrs.	Months			8. Data of Bir Month, Da SEPT. 2	9,1970	9. Birthplace Country)	a (Steta or Foraig MD
3		Usuai Residance o	of Dacedant 10b. County		10c Ci	ty, Town or	Location					104	Insida City Limits
f show	ō	MD	BALTO.	CITY		LTIMO							1 XYes 2 No
E S	rec	10e. Street and Nu						ip Cod	la		10g. Citizen of	Whet Country's	7
3a o	O	3038 ASC	ENSION S	TREET			2	122!	5		U.S.A.		
iene. r than "natural", or items 23a or 28a-f show tre Medical Examiner must be notified at	by Funeral Director	11. Maritel Status	rled 2 Merried	12. Was Daceda Armed Force 1 Yes 2 If Yas, Giva Yaar or Date	No No	,S. 1		edent o	of Hispenic Origin? (Sp Suben, Maxican, Puerto	pecity Yes or No Rican, etc.)	14. Ra	ce - American ck, Whita, etc.	Indian, AMERICAN
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ENL				Y (GRANDM					ION STREET	T			
Department of Hee Important: If item any Injury or othe once.		20a. Mathod of Dis 1 ☐ Burial 2 4 ☐ Donation		□Ramoval from Sta	ite	cematary, c	sposition (Na ramatory or N STAF	othar	Place) EM. 3/30/19	Data 996	20c. Location	Oity or Town,	
import any in		21. Signature of F	erta Service Lice	Balk		4	ESTER	BF	dress of Fecility ROTHERS FUI FAW PLACE I	NERAL HO	OME P.A.		
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After th funeral	Certification: T	27. Mannar of Deal		28a. Data of li (Month,		28b. Tima Injury		28c. li	njury at Work?		how injury occu	177	1 3
after death Director: d in by the	1 19	3 ☐ Sulcida											

State Registrar 30. Name and address of person who complated cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

29c. License number

O.C.M.E

29d. Date signed (Month, Day, Year)

MARCH 26, 1996

32: Registrar's Signature

in the first term of the same

#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 0937

					•	Certifica	te o	f Death		Reg. No.	b (	193	12
	-		1. Decedent's Neme (First, Middle, Las	st)					2. Date of Dea	ath	Miles	3. Time	e of Death
	Physici /Medi		Esther Harding	3					March	3f, 19	996	6	:00 PM
	Examir		4a. Facility Neme (If not institution, give	street and number)				4b. City, Town, or I	Location of Deeth	4c. County	of Deeth		
			Alisce Manor N	ursing F	Iome			Baltimo	ro	N/	Δ		
	Funeral	Г	5. Social Security Number 6. S	ex 7. Ag	e (In yrs. last bi	rthday) If Und Month	er 1 Yea		8. Dete of Birt (Month, Day			place (Sta	te or Foreign
	Director		214-18-2046	□ M 2 🛣 F	75	Yrs.	Day	s Hours Will.	Octob	er26,1	920F	3alt	imore
	p ,		Usual Residence of Decedent		40.05.7	1 0							
	shoy	-	10a. State 10b. County		10c. City, Tow						1		e City Limits
	N S W	Sch	Maryland Baltim	ore	Hale	ethorp	е					1 🗆 Y	res 2 No
	1 2 2 E	Directo	10e. Street and Number			10f. 2	ip Code			10g. Citizen of	What Cour	ntry?	
	23a	- E	4320 Ridge Ave	nue			21	227		United	Sta	ites	
5-0020	s 1 and 2 should be filed within 72 hours after death with the Meryland if Health and Mental Hygiene. Item 27 is marked other than "natural", or itema 23s or 28a-f show other traumatic event, the Medical Evanticer must be notified at	by Funeral	11. Maritel Stetus  1 <sup>1</sup> Never Married 2 Merried  3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☐! If Yes, Give Yeer or Detes:	Ever in U,S. No	13. Was Dec If Yes, sp		f Hispanic Origin? (Suban, Mexican, Puert o Specify:	pecify Yes or No- o Rican, etc.)		ce - Americ ck, White, y: whi	etc.	
5-0	72 hours "natural",	Completed	15. Decedent's Ed (Specify only highest gra		16a	Decedent's Us	uel Occ	upetion ne during most of wor red)	tion	16b. Kind of B	usiness/In	dustry	
21	within ene.	de la	Elementary/Secondery (0-12)	Coilege (1-4or 5	i+)	life. DO NOT	use reti	red)	Kirig				
7	or the	Son	12			hom	ema	ker		OW	n ho	me	
Maryland	should be filed within or Mental Hygiene. marked other than matte avant, the Me	Be	17. Fether's Name (First, Middle, Last)					18. Mother's Nan	ne (First, Middle,	Maiden Surnar	ne)		
<u>yla</u>	should ind Meni	2	John Harding						d Stew				
a	2 sho and is me		19a. Informant's Name/Relationship (7	Type, Print)	198	o. Mailing Addre	ss (Stre	et and Number or Ru	irel Route Numbe	er, City or Town	State, Zip	Code)	21211
	permit. Peges 1 and 3 Department of Health Important: If item 27 I any Injury or other tri pncs.		Chester Cofiel	1, nephe				40th Str					
ore	of H		20a. Method of Disposition 1 ☐ Burlei 22☐ Cremation 3 ☐	Removal from State	20b. Piace o	of Disposition (N ny, crematory of	ame of other p	lace)	Date	20c. Location	City or To	own, Stete	)
E	Peg ment ant: I		4 □ Donation 5 □ Other (Specify	')	Metro	Crem	ato	rv 4	/2/96	Catons	vi11	e. 1	Marvla
Baltimore,	permit. Peges of Pepartment of Himportant: If its any injury or of once.		21. Bignatura of Pagents Service vicen	500		22. Name	and Add	fress of Facility					
Ш	89799		Acres College	00.00		Ambr	ose	Funeral	Home,	Inc.			utus
10	A.c.		23a. Part1. Enter the disease, or comp shock, or heert fellure. List only o	oild tions thet caused	the death. Do	not enter the m	ode of d	ying, such as cardiac	or respiratory ar	rest,		212: Approximately	nate
-8	Physician	0.	shock, of fleet lettere. Clst only t	on ceuse on each in	16.							Onset an	nd Death
4	/Medical		Immediate Cause (Final disease or condition	Live	R F	vilur	٤						
	Examiner		resulting in death)	α,		consequence of							
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	death certificete be executed e attending physician and od for use as the burial-transit	Medical Examiner	Sequentially list conditions.	0.		consequence of	-	2.0			-		
0	an a	m	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury								1		
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99		Wed	Todaking ar dodain, 2001										
Вох	that the death cer ed by the attendir detached for use	Physician/	4	d									
	the at	sici	Part II. Other aignificant conditions co	entributing to death be	ut not resuiting i	n the underlying	cause	given in Part I.	23b. Did t	obacco use co	ntributa to	o the cau	se of death?
P.0	that the led by th detache	Phy							10	Yes 2 No	3 Pro	bably 4	Unknown
Ś		b											
Record	law requires as been sign 2 should be								24a. Was	an autopsy med?	av	allable pri	sy findings for to
S	s be	Completed									of	mpletion (	of cause
ď	The law ate has page 2	E							101	res ZUNO	1[	☐ Yes 2	2□ No
Vital		Be C	25. Was case referred to medical					26. Place of Dea	ath (Check only o	ne)			
t <	Physician: this certific ral director,	To	examiner?	Hospitel: 1 ☐ Inpatie	nt 2 ER/O	utpatient 3 🗆 E	OOA C	Other: Nursing H	lome 5 Resid	dence 6 Oth	er (Specif	ly)	
101	ing Ph h. After thi funeral		27. Menner of Death	28a. Date of Inju (Month, Day	y 28b.	Time of Injury	28c. In	jury at	28d. Describe h	now injury occur	red		
0	Attending or death. ector: After by the fune	atio	1 Neturel 5 Pending Investigation		r bair)	M		Yes 2 No					
Division		Certification:	3 Suicide 6 Could not be determined	28e. Place of Injubulding, etc	ury - At home, fe	erm, street, facto	ry, offic	6	28f. Location (S City or Tox		ber or Rurt	al Route A	lumber,
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0	2025	edicai	one) 2 Madical Exam	end manner sta	examinetion er ited.	d/or investigetic	in, in my	opinion, death occu	rred et the time,	date and place,	and due to	o the caus	:e(s)
1	O T O D	Σ	29b. Signature and title of certifier	. (		2	9c. Lice	nse number		29d. Date signe	1	Day, Yea	r)
			N. Jer	71	n	3	20	3770		4/1/9.	6		
	10		30. Neme and address of person who o	empleted cause of d	eath (Item 23a)	(Type, Print)		01					
	. 0		8813 WOI	Than	6	also		d					
	Sta	ite	31. Dete filed (Month, Day, Year)	32. Registra	ar's Signature								

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State of Maryland / Department of Health and Mental Hygiene

partment of Health and Mental	Hygiene	Q	6	Ω	0	2	~	2	
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State of Maryland / Department of Health and Mental Hygiene 9 6

					Certificate	of Death		Reg. No.	0 2 0	
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/Medic	_	HARRY W. HE		_			Mar.	30, 199	6 164	IP.
Examin	er	4a. Facility Nama (If not institution, g				4b. Cify, Town, or I				
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1 g	to	Md. Balt	imore	Dund	alk				1 🗆 Y	BS 20
3a or 28a at be not	Il Director	10e. Street and Number 3513 Loganvie	w Drive		10f. Zip Co	oda 222		10g. Citizan of Wh	nat Country?	
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DHMH 16 Rav 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Helen Huppman 31 1996 March 1:24 pm 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Stella Maris Towson Baltimore 8. Dete of Birth (Month, Day, Year) Jan 16 1912 5. Sociel Security Number 7. Age (In yrs. last birthday) if Under 1 Year if Under 24 Hrs. 9. Birthplece (State or Foreign Deys Min 1□M 21XF Months Hours 84 219-03-4916 Yrs Maryland Usuel Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits Md. Baltimore Towson 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2300 Dulaney Valley Rd. 21204 United States 11 Marital Status Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien Bleck, White, etc. ☐ Yes 2 X No Yes, Give 1 X Never Married 2 ☐ Married 1 ☐ Yes 2 X No Specify: Specify. 3 ☐ Widowed 4 ☐ Divorced White Year or Detes: 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b, Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Medical Asst. Physical Therapy 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) John P. Huppman Mary Rosa Quesenberry 19e. Informent's Neme/Reletionship (Type Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) J. Donald Paulus (Friend) 216 Fallsbrook Rd. Timonium, Maryland 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Parkwood Cemetery 4/2/96 Baltimore Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility Leonard J. Ruck, Inc. 21. Signeture of Funeral Service Licensee Milton J Knight Jr 5305 Harford Rd. Baltimore, Md. 21214 23a. Pert1. Enter the disease, or comshock, or heart feilure. List only mplicetions that Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximete Intervel Between Onset and Deeth RECULERAF 05362 Immediate Cause (Final disease or condition resulting In deeth) Due to (or es a consequence of): WILES Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Lest Due to (or es e consequenca of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ € Qnknown 24b. Were autopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy 1 ☐ Yes 2 ☐ No

**Physician** /Medical Examiner

certificate be executed

P.O. Box 68760,

vision of Vital Records,

Attending Physician:

After

in by

Medical

Eller death. Director: Aft

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

Show

"natural", or items 23a or 28a-f sl

permit. Peges 1 and 2 should be flied within 72 hours after. Department of Health and Mental Hygiena. Introcrant: If them 27 is merked other than "natural", or itel any Injury or other traumatic event.

altimore, Maryland 21215-0020

Director

Funeral

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Completed

Be

20

death with the Maryland

bunal-transit physicien the 88 esn signed by the a d be deteched f pege 2 should peed hes certificata this

Examiner Physician/Medical by Completed Be 2 Certification:

25. Wes case referred to medical examiner? 1□ Yes 2No

27. Menner of Deeth 5 Pending investigation 1 Neturel 2 ☐ Accident

6 Could not be determined 3 Suicide 4 Homicide

29e. Certifier

APR 02

28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

20 No 1 Yes

26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

Location (Street and Number or Rural Route Number, City or Town, State)

96

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end menner as stated.

[2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and pieca, and due to the cause(s) end menner steted. (Check only one) 29c. Johnse number 15 5 5 4 title of pertition 29b. Signeture at 29d. Dete signed (Month, Day, Year)

30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

Eddie Nakhuda, M.D. 31. Dete filed (Month, Day, Year)

1996

2300 Dumaney Valley Rd.

Towson, Md. 21204

1 Yes 2 No

State Registrar

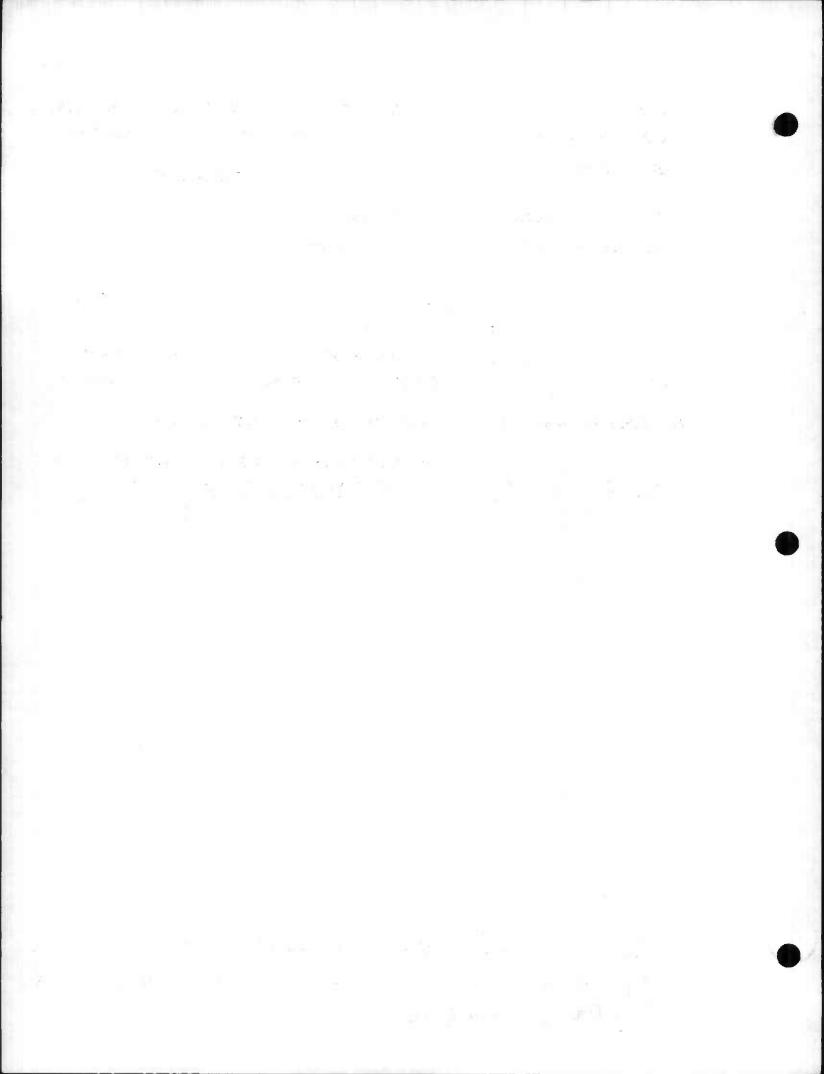
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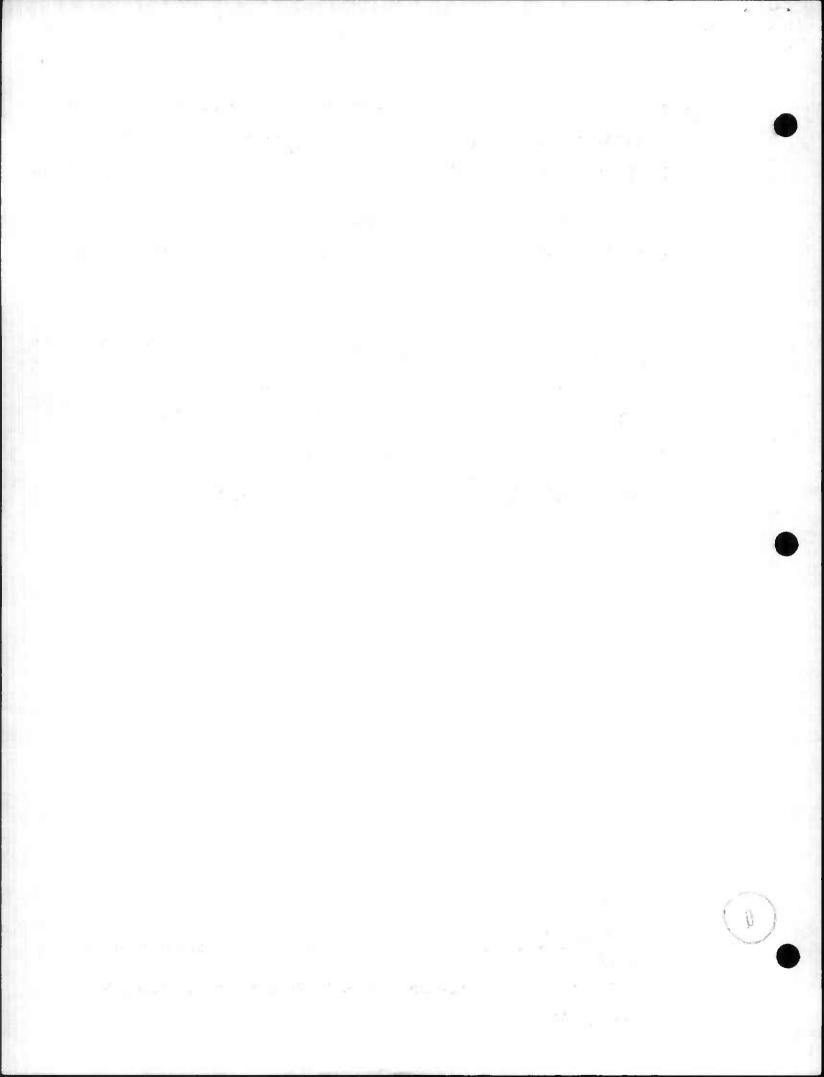
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a da la			IMORE	roo. Oxy, ron	BALTIMORE				10d. Inside City L 1 ☐ Yes 2]													
or 28a-f s be notified	20	10e. Streef end Number	rions		10f. Zip Code				10g. Citizen of Whef Counfry?													
		6638 CHIPPEWA		21209					USA													
a big	by Funeral	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced  12. Wes Decedent Ever in Amped Forces?  1 Yes, Give Year or Dates: 17.			13. Wes Dec	cify Yes or No- lican, etc.)	No- 14. Rece - American Indien, Bleck, White, etc.  Specify: WHITE															
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d by the attending physicis etached for use as the but Physicial Physician/Medical	310	Part II. Other significant conditions of	ontribufing to death buf	nof resulting in	n the underlying	cause given in Pa	art I.	23b. Dld to	obacco use co	ntribute to	the cause of d											
een signed by the attendir hould be detached for use eted by PhysicianA	by Ph							1 🗆 Y	'es 2□ No	3 Prob	ably 4⊠Unk											
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ctor.				25. Was case referred to medicel axaminer?				26. P	lace of Deeth	(Check only or	10)											
die o		1 ☐ Yes 2 ☑ No	Hospital: 1 Inpafient		utpatient 3 D	OA Other: 4	Nursing Horr	e 5 🛱 Resid	ence 6 Oth	er (Specify	)											
frer thur thur thur thur thur thur thur thu			27. Manner of Deeth 1 ⊠Naturai 5 ☐ Pending	28e. Date of Injury (Month, Day)	Year) 28b. 1	Time of njury	28c. injury at Work?	2	8d. Describe h	ow injury occur	red											
er death. ector: After by the funer tification	200	2 Accident investigation	M 1 Yes 2 No																			
al Director: After to all Director: After to ad in by the funeral Certification:		3 Suicide 6 Could not be determined	y - At home, fa (Specify)	, farm, street, factory, offica  28f. Location (Street end Number or Rural Route Number, City or Town, Stete)																		
within 24 hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2.  Medical Certification: To Be Comp		29a. Certifier  (Check only one)  1 ☑ Certifying Ph 2 ☐ Medical Exer	ysician: To the best of niner: On the basis of e end manner stets	xamination an	, deeth occurred d/or investigatio	d at the time, dete n, in my opinion, o	and plece, a death occurre	nd due to the c d at the time, d	ause(s) end me late end place,	enner as ste and due to	eted. the cause(s)											
omple omple	-	29b. Signature end title of cartifier			25	c. License numb	er	2	29d. Date signe	d (Month, L	Day, Year)											
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DHMH 16 Rev 6/95



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al	DARIN 4a. Facility Name (	(If not institution	aive street end	number)		JOH	NSON	th. City. Tow		MARCH 30 1996 9:27 AM  r Location of Deeth 4c. County of Deeth				
er	4a. Fecility Neme (If not institution, give street end number) GOOD SAMARITAN HOSPITAL						BALTIMOR				n/a			
1	5. Sociel Security 1 213-86-	8754	8. Sex 1 ₩ 2 □ I		s. lest birthdey) Yrs.	If Und Month	ler 1 Year s Deys	If Under 24 Hours		Dete of Birth (Month, Dey )	1967	9. Birti BAL	nplece (S untry)	RE, MD
Be Completed by Funeral Director	Usuel Residence of 10e. Stete	10b. County		10c. C	City, Town or Loc	cation							10d Insi	de City Limits
													Yes 2 No	
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		WHITBY	ROAD					206			UNIT		TATES	
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	21. Signature of Funeral Sarvice Licensee  22. Name and Address of Facility  WM. C. MARCH FH1101 E. NORTH									TH A	/ENUE			
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Completed by Physician/Med	Immediate Cause disease or conditic resulting in death)  Sequentially list or if any, leading to in cause. Enter Under Cause (Disease or theil mitiated events.)	òn	e		TOXICATIO	uence o								
	Cause (Diseese or thet initiated event resulting in deeth)	r Injury s Lest	c	Due to (	or es e consequ	ienca of	r):							
	Pert It. Other signi	ficant conditto	ns contributing to	death but not re	sulting In the un	ne underlying cause given in Pert I. 23b. Did tobacco use contri					contribute	to the ca	use of death	
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o Be	25. Wes case refer examiner? 1 ☑ Yes 2 □		Hospitel:	Timesticat of	7500000000	۰	Oth	er:		heck only on		10.1 10		
Η.	27. Menner of Deet	7. Menner of Deeth 28a. Dete of Injury 28b. Time of 28c. tr				28c. tnjun Worl		Nursing Home 5 Residence 6 Other (Specify)  28d. Describe how Injury occurred						
catio	1 ☐ Netural 2 ☐ Accident	5 Pending	etion 3/30	3/30/96 FOUND			M 1 Yes 2 No		· l	UNKNOWN				
catic	3 ☐ Sulcide 4 ☐ Homicide  6XX Could not be determined  28e. Piece of Injury - At home, ferm, stre building, etc. (Specify)  FOUND: HOME					DALTIMODE M				- Cintal	Tash Manamakiu Mei			
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State of Maryland / Department of Health and Mental Hygiene 96

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Physic	ian	1. Decedani's Nama (First, Middla, L					2. Daia of E		- Year	3. Tima of Death			
/Medi			JGLAS		JACKS		MARCI		996	10:17			
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Funeral Director			Sax 7. A	ga (In yrs. last birtho 56 Yr	Months Day			nirth (Pear), 1940	Cour	placa (State or Fore nto) yland			
d show	tor	10a. Stata 10b. County Maryland Baltimo	ore	10c. City, Town o				10d. Insida City Lin 1 ⊟ Yas 2 💆					
28	rec	10e. Streei and Number			10f. Zip Code			10g. Citizen of Whai Country?					
23a o	aiD	7008 Conley Stre	eet		2	1224		USA					
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. Introortant: If them 27 is marked other than "natural", or farms 23a or 28a-f ahow any injury or other traumatic event, the Medical Examiner must be notified at other.	by Funeral Director	11. Marital Sialus  1 □ Nevar Married 2 □ Married 3 □ Widowed 4 黛Divorced	Ever in U.S. No No Conflict	13. Was Decedani o if Yas, specify Co		No- 14. Race - American Indian, Black, White, atc.  Specify: White							
	ted	15. Decedant's E	ducation	16a. D	ecedant's Usual Occ	upation		16b. Kind of Business/Industry					
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Department of Important: If Its any Injury or or ones.		4 Donation 5 Other (Special Service Lies			rematory,			Baltimo	,	1D			
Depar any ir		21. Signature of Funaral Sarvice Licensee Dawn F. McDonald 22 Nama and Addrass of Facility of Maryland, Inc.											
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Medical be essented attending physician and lor use as the buriel-transit	Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury	a. Ather	Dua to (or as a cor		rdiovas	cular	Disea	56				
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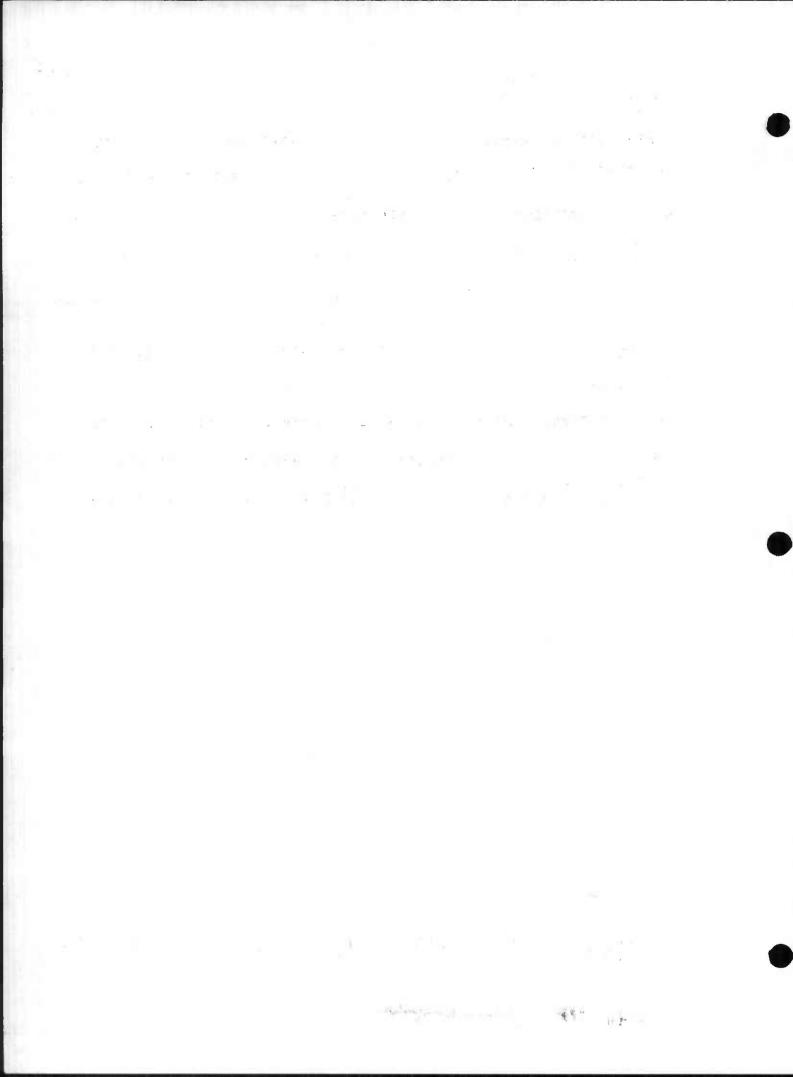
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		Item: 20c, per F.H. G-734 4/2/96 reb Certificate of Death		erie 96	09379
Physician /Medica			2. Date of Death	22 9°C	
Examiner	r	4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Lo University Hospital Baltimo		4c. County of De	
Funeral Director		5. Social Security Number 246-42-3526 6. Sex 12 M 2 F 6.3 Yrs. 6.3 Yrs. 6.3 Funder 1 Year In Under 24 Hrs. Months Days Hours Min.	8. Dete of Birth (Month, Dey, July 1	Year) 9. B	Intholaca (State or Foreign Country)
Meryland -f show fied at	5	Usuel Residence of Decedent  10a. Stata 10b. County 10c. City, Town or Location  Md Baltimore Baltimore			10d. Inside City Limits 1 ✓ Yas 2 ☐ No
Ifter death with the Meryle r items 23s or 28s-4 show inter-want be notified at Funeral Director	2010	10e. Street and Number BELLEAJE 10f. Zip Code 21215	10	0g. Citizen of Whet	Country?
ter des items			ocity Yas or No- Rican, atc.)		nerican Indien, hite, etc.
Maryland 21215-0020 d 2 should be filed within 72 hours at 1 tend Mental Hygiene. 7 is marked other than "natural", or traumatic event, the Medical Exam. To Re Completed by F	Description	15. Decedant's Education (Specify only highest grada completed)  Elementery/Secondery (0-12)  College (1-4or 5+)  College (1-4or 5+)  College (1-4or 5+)  College (1-4or 5+)  College (1-4or 5+)  College (1-4or 5+)  College (1-4or 5+)	ng	16b. Kind of Busines	
Maryland 212 d 2 should be filed within the and Mental Hygiene. T is marked other than traumatic event, the Maryland To Re Common	2	17. Fathar's Name (First, Middle, Last)  18. Mothar's Name	(First, Middle, M	FE TO C. 1. S. S. L. C. C. S. S.	
<b>≥</b> 557.5		19e. Informant's Neme/Reletionship (Type, Print)  Mary Poe Jordan-Friend  19b. Meiling Address (Street end Number or Rura 3915 Belle Avenue,			
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Baltimo		21. Signature of Funeral Service Upensee  22. Name and Address of Facility  Sterling Ashton 736 Edmondson Av	Funera;	l Home Balto Md	21228
The law requires that the death certificate be executed with the law requires that the death certificate be executed with the been signed by the ettending physician and upper page 2 should be detached for use as the burlet-transit completed by Physician/Medical Examiner.			SIAC	DEATH)	Approximate intervel Between Onset and Death
P.O. Box 68 aut the death certifica d by the ettending phetached for use as the					
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E 5 5 0	2	1 PYas 2 No Hospitel: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Hor	ma 5□ Reside	once 8 Other (Si	pecify)
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within To the comple		29b. Signatura and litie of certifiar  29c. Licansa number	29	9d. Deta signed (Mo	onth, Dev. Year)
		1 Vones Ster 100 046856		2/25	176
2	-	30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)	ore	ene	St
State Registrar		31. Dete filed (Month, Dey, Year)  ADD 0 2 1996  Registrer's Signeture  Davidson—Wandelle			

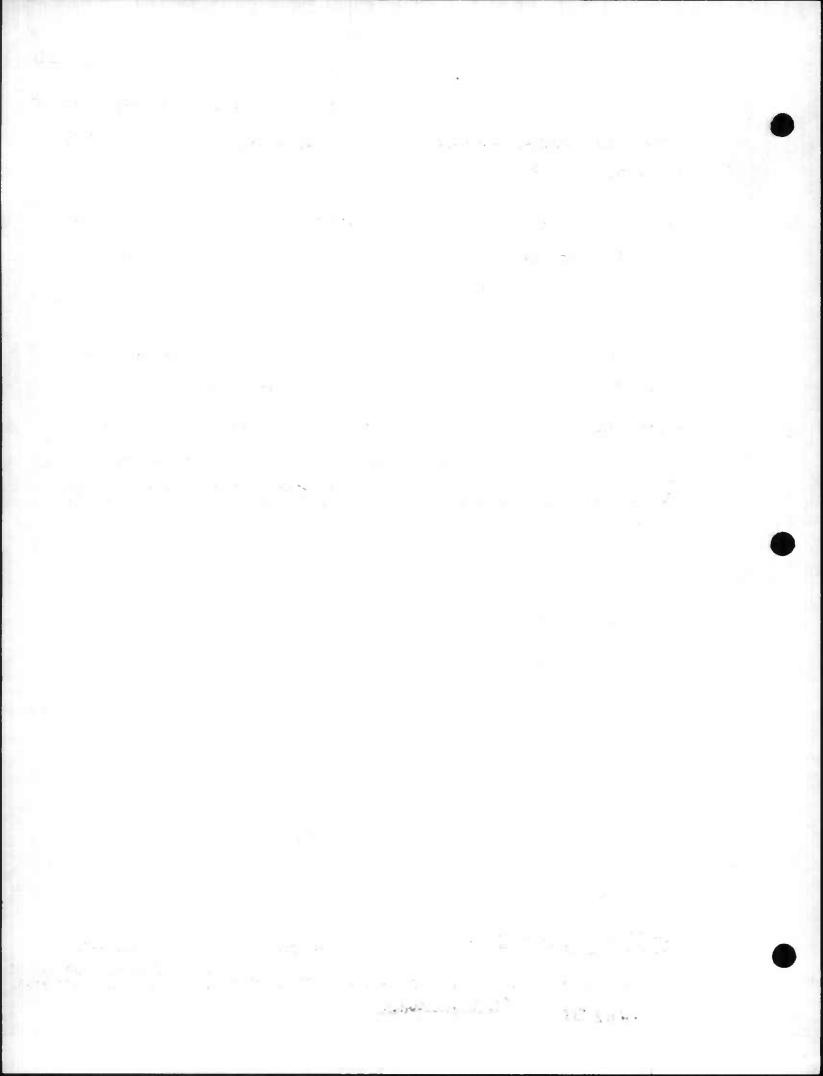
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	/Medic Examir		4a. Facility Name (If not institution, giv	e street and number)			4b. City, Town, or Lo	1	-		
					ITAL		BALTIMOR	E CITY			/a
H	Funeral Director	2	13-02-0902	Sex 7.Ag	e (In yrs. last b	Yrs. If Undar 1 Yaar Months Days	Hours Min.	8. Date of Bir (Month, Da	th ly, Year) 2,1954		(State or Foreign
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	Marylen H show	tor	MD n	/a		Baltimo	re				Yes 2□No
	r 28e	Director	10e, Street and Number			10f. Zip Code			10g. Citizen of V	What Country?	
	th wit	ai D	2702 E. Chase	St.		21:	213			USA	
020	d within 72 hours after death with the Marylend liene. Then "natural", or items 23a or 28e-f show the Wedicel Examiner must be notified at	by Funeral	11. Marital Status  1 Nevar Merried 2 Married  3 Widowed 4 Divorced	12. Wes Decedant Armed Forces? 1  Yes 2000 If Yes, Give Yeer or Detes:		13. Was Decedent of If Yes, specify Cub 1 ☐ Yes 2 ☑ No		ecify Yas or No Rican, atc.)	14. Rac Blac Specify	ce - American inck, Whita, etc.	ack
Maryland 21215-0020	e • 6	Completed	15. Decedent's Et (Specify only highast gra Elementery/Secondary (0-12)	ducation ade completed) College (1-4or 5	160	a. Decedent's Usual Occup (Giva kind of work done life. DO NOT use retire	pation during most of work d)	ing	16b. Kind of Br		
121	flied within Hygiene. other than		10th 17. Father's Name (First, Middle, Last)	1	Ţ	aborer	10 Markada Nasa	- (51-4 881-48	Constr		n
and		Be	Harry Jones				18. Mothar's Name	Pierce		10)	
aryi		To	19a. informant's Name/Relationship (	Type, Print)	19	b. Melling Address (Street				State. Zio Coo	de)
	DENE		Regina Jones	, , , , , , , , , , , , , , , , , , , ,		2702 E. Cha				21213	
ore,	of Heal of Heal item 2 r offher		20e. Method of Disposition		20b. Place	of Disposition (Name of ery, crematory or other pla		Dete Dete	20c. Location -		
Ĕ	artment of sortant: If the injury or of s.		13∰ Hurial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif			Memorial	T.	4/5	Randa1	lstow	n, MD
Baltimore,	Departs Imports any inj ance		21. Signature of Funaral Sarvice Licer	nsae Ma	to	James A	ss of Facility Morton arens St		is Fune	eral H	
	1		23a. Part1. Enter the disease, or com	plications that caused one cause on each lin	the death. Do	not antar tha mode of dyi	ng, such as cardiac	or respiretory a	rrest,	Api	proximete erval Between
	Physician /Medical Examiner		immediate Cause (Final disease or condition	ARRHYTH	MIA	· ·				On	set and Death CONDS
	Examine.	7	rasuiting in death)		Contract Charles	consequance of):					
П	nsit	Examiner		b. MYOCARD			-			НО	URS
,	execu n and iel-tra	Еха	Sequentially list conditions, if any, leading to immediate causa. Entar Undertying Cause (Disease or injury			consequence of):				l l	
68760,	icate be executed physician and s the burlel-transit	edical	Cause (Disease or injury thet initieted events resulting in death) Last	c. ARTHERO		Consequence of):				YE	ARS
Box 68	eath certifica attending ph	Physician/Med	resulting in death) Last	d. HYPERTE						YE	ARS
	death	sicie	Part il. Other significant conditions o	ontributing to death be	at not resuiting	in tha underlying causa gir	ven in Part I.	23b. Did	tobacco use co	ntribute to the	cause of death?
s, P.O	res that the de signed by the a be detached t	by Phy	OBESITY					10	Yes 2 No	3 ☐ Probabl	y 4∰Unknown
of Vital Records,	aw requi	Completed							an autopsy omed?	availab	autopsy findings ble prior to etion of cause th?
E	The ate h	Con						10	Yes 2 No	1 □ Ye	s 22No
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o	Phys ral di	: To	1 ☐ Yes 2 ☐ No  27. Manner of Deeth	1 ☐ Inpatie		dipatient 30 DOA			dance 8 Oth		
on	Attending For death.  Cotor: After by the funer	ation	1 StNatural 5 ☐ Pending investigation	(Month, Day	Year)	Injury Wo	rk?  Yes 2□No		,		
Division	al or Attendi s after death I Director: A od in by the f	Certification:	3 Suicide 6 Could not be detarmined	e 28e. Place of Injubuilding, etc		arm, street, fectory, office		28f. Location (: City or Ton	Street and Numb wn, State)	per or Rural Ro	ute Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai C			examination a	ia, daath occurred at the ti nd/or invastigation, in my o					
	within 2 To the comple	M	29b. Signature and title of certifier	10		29c. Licans	se number		29d. Data signe	d (Month, Day	, Year)
	6	-	Judy M		mo.		D45394		MARCH	31, 199	16
			30. Nama and address of person who DAVID DARWIN N				NCY MEDIC		HNS HOP		SPITAL LAND 2128
	Sta Registr		31. Dete filed (Month, Day, Year) APR 0 2 1996	Juna Da	ar's Signatur	march .					

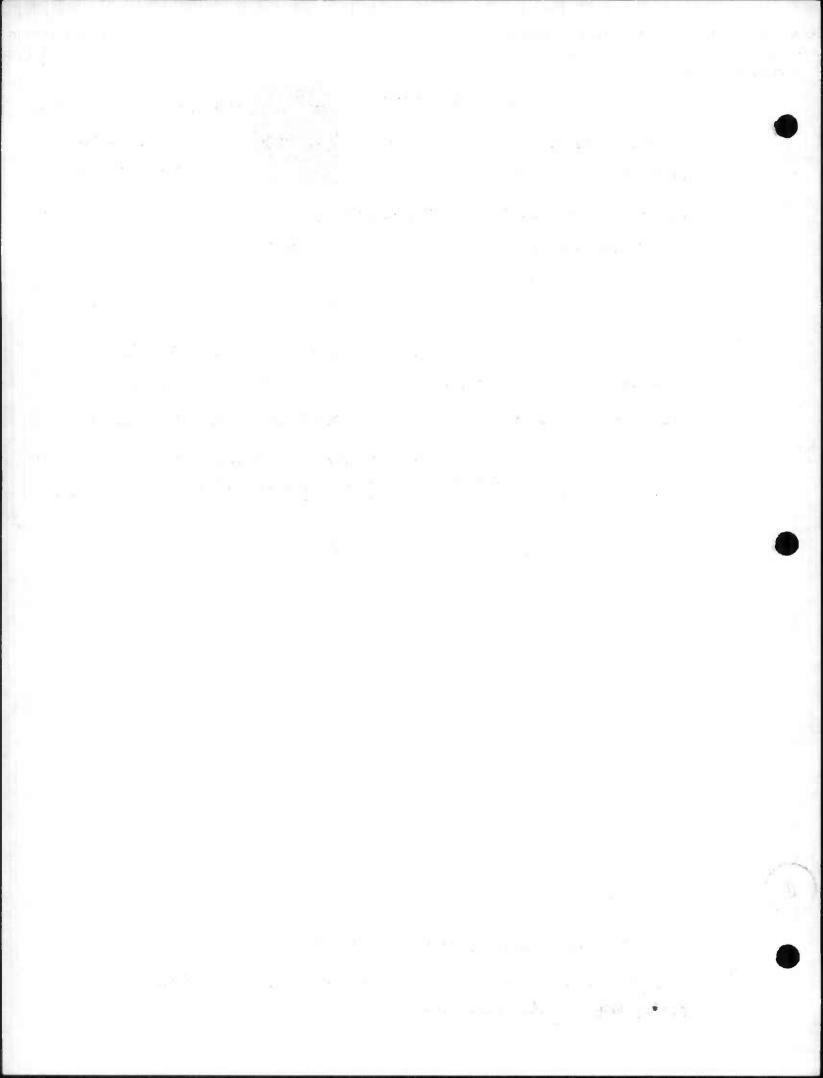
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State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

	Physic	ian	1. Decedent's Name (First, Middle, Las	MOLLIE MARI	E KNOT	Т		2. Dete of D	Dav	Yeer	3. Time of Death
II.	/Medi				L KNOT			Apr 1,	1996	71-	1:00 AM
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L			Meridian Nursing 5. Social Security Number 6. So			ne If Under 1 Year	Baltimo			Arui	
١	Funeral Director			7. Age (In yrs. 88	Yrs.	Months Deys		Sept	22 1907	9. Birthpi Coun Ma 1	lece (State or Foreign ryland
	Maryland of show	tor	10a. State 10b. County Maryland Anne A		Glen B					10	0d. inside City Limits
	h with the 23a or 28a at be not	Funeral Director	10e. Street end Number 892 Brighton	Place		10f. Zip Code	21061		10g. Citizen of V	What Coun	try?
020	72 hours after death with the Maryland natural, or items 23s or 28s-f show deal Examiner must be notified at	b	11. Maritel Status  1 Never Merried 2 Married  3 XWidowed 4 Divorced	12. Wes Decedent Ever in U, Armed Forces? 1 ☐ Yes 2/2 No If Yes, Give Yeer or Dates:		Ves Decedent of Yes, specify Cub	Hispanic Origin? (Spen, Mexican, Puer Specify:	pecify Yes or N to Rican, etc.)	o- 14. Rac Blac Specify	ck, White, o	
0-0	n 72 hours netural',	ted	15. Decedent's Ed	ucation	16a. Decede	ent's Usuel Occu	petion	alota _	16b. Kind of B	usiness/inc	Justry
2121	d within 7 jene. r than "n	Completed	(Specify only highest green (0-12)	College (1-4or 5+)		ed File	during most of wo	rking	U.S.	F. &	G.
Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 ho Depertment of Health end Mental Hygiene. Immortant: if Item 27 is marked other than "natur important: if Item 27 is marked other than "natur eny Injury or other treumatic event, the Medical	To Be C	17. Fether's Neme (First, Middle, Last) William	Johnson			18. Mother's Na		, Melden Sumen Weng		
	1 and 2 should Health end Men sm 27 is marks		19e. Informant's Name/Relationship (7 Mrs. Shirley M. M	ype, Pnint) IcCord-Daughter			on Place,				<sup>Code)</sup> 21061
ore,	of Hear		20e. Method of Disposition	20b. P	laca of Dispos	Ition (Name of etory or other ple	ace)	Date	20c. Location -	City or To	wn, State
Ĕ	Pages nent of H int: If its		1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify			Memori		4/4/96	Glen Bu	ırnie	, Maryland
Baltimore,	permit. Pag Depertment Important: h eny injury o		2 Signature of Funerel Service Ligen:	see Kevin E. Ecl	ker Mc	Name and Addr	ess of Fecility uneral Ho tapsco Av	ome of B	rooklyn	21	225-1856
	-		23a. Part1. Enter the diseese, or comp shock, or heart feilure. List only of	ilicetions that caused the death	n. Do not ente	r the mode of dy	ing, such es cardia	c or respiretory	errest,	21.	Approximate Interval Between
N	Physician	1	shack, or heart feilure. List only o	one ceuse on each line.						i	Onset and Death
7	/Medical		Immediate Ceuse (Final disease or condition	e Cance	ر أ	110	and L	andha	×	I	10 405
п	Examiner		resulting In deeth)		as e consequ	//	- I		-		100
	2 5	ine		b						i	
	and Aran	Examiner	Sequentially list conditions,	Due to (or	r as e consequ	enca of):				i	
60,	be execut ician and burial-tran		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	C							
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Box	ed the mand for use			d							
3-110		Physic	Part II. Other eignificant conditions co	entributing to death but not resu	ilting In the un	derlying cause g	iven in Pert I.	23b. Did	tobacco use co	ntribute to	the cause of death?
P.O.	es that the de igned by the be detached							1	Yee 2 No	3 Prot	bably 4 Unknown
ds	sign of big	d by						24e. Wa	s en eutopsy	24b. We	ere eutopsy findings
sion of Vital Records,	has been a ps 2 should	Completed							ormed?	COL	allable prior to mpletion of cause deeth?
H H	The Land	Co						1□	Yes 2 No	10	Yes 2□ No
Vita	ician: Th certificate rector, pay	Be	25. Was case referred to medical examiner?	Hospital:		0	26. Place of De				
5	Phys.	. To	1 ☐ Yes 2 No 27. Manner of Deeth	1 □ Inpatient 2 □	ER/Outpetient 28b. Time of	3LI DOA		T	how injury occur		1)
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S	dead dead ctor: y the	fica	3 ☐ Suicide 6 ☐ Could not be	28e. Pleca of Injury - At ho	me. farm. stre			28f. Location	(Street end Numb	per or Rura	I Route Number.
富	Page 4	Certification	4 ☐ Homicide determined	building, etc. (Specify	")	ot, rectory, omoc		City or To	wn, State)		
2	To the Hospital or Atten- within 24 hours after deal To the Funeral Director: completely filled in by the	edicai C	29a. Certifying Phy (Check only one)  1 Certifying Phy (Check only one)	rsician: To the best of my know iner: On the basis of examinet and manner stated.	viedge, deeth Ion and/or inve	occurred et the testigetion, in my	ime, dete end place opinion, deeth occu	a, end due to the urred et the time	cause(s) end me , dete end piece,	enner es st and due to	eted. the ceuse(s)
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			· All	U M	<i>Q</i>	DI	7743		Apr. 1,	, 199	6
	\		30. Name end address of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person who could be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of person be a series of pe				e, Baltin	nore, Ma	ryland	21	225
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Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

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Physici	an	1. Decedent's Nam	ne (First, Middle, Last	)		2	KIRK		2. Dete of De		Year	3. Time of Death 01:07 AM
/Medic Examin			'If not Institution, give	street and number	er)			4b. City, Town, or				
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and		Usual Residenca o 10a. State	f Decadant 10b. County		10c. Cit	ty, Town or Loc	ation					10d. Inside City Limits
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pura min			ame/Relationship (T)					et and Number or R				o Code)
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0)		· A	1	Da			O.C	M.E.		MARCH	31.	1996
1		30. Name and add	ons of person who co	mplated cause o	f death (Iten	23a) (Type, P						

State Registrar APR 0 2 1996

Penn Street, Baltimore, Maryland 21201

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 5 9 3 8 3

			State of Maryland  Item:1,per Fill. 6-734 4/2/96 reb		irtment of F tificate of			giene D U Reg. No.	U	9303
			1. Decedent's Neme (First, Middle, Last)				2. Dete of Dec	eth	Visit	3. Time of Deeth
	Physici /Medi		Wilber Truger	WILBU	R ELMER KR	UGER	Month	27 C	Year	415×m
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			Johns Hopkins Bayview Geriatrics  5. Social Security Number 6. Sex 7. Age (In yrs. 18		If Under 1 Yeer	Baltimor		N/A	O Pintha	lana (Ctata as Faraina
	Funeral Director		215-03-5671 * M 20 F 83	Yrs.	Months Deys	Hours Min.	March 1	y, Year)	MERY	lace (State or Foreign Land
	fand ow		Usuel Residence of Decedent           10a. Stete         10b. County         10c. City,	Town or Loc	cation				11	0d. Inside City Limits
	the Merylan 28a-f show notified at	tor	Maryland Baltimore Dun	idalk						1 ☐ Yes X☐ No
	or 28	Direc	10e. Street end Number		10f. Zip Code			10g. Citizen of V		
	a 23a	rai	7844 Kentley Road	l an ii	21222			United S		
020	urs after dea al', or items Examiner me	by Funeral Director	11. Meritel Stetus  1 □ Never Married  2 □ Married  3 □ Widowed 4 □ Divorced  12. Wes Decedent Ever in U,S Armed Forces?  1 □ Yes 2 □ No If Yes, Give Yeer or Detes:		Vas Decedent of F Yes, specify Cub	dispenic Origin? (Sen, Mexicen, Puert Specify:	pecify Yes or No- o Rican, etc.)	Specify	k, White,	an Indian, etc. ite
Maryland 21215-0020	within 72 hours after death with the Meryland ene. than "naturer, or items 23a or 28a-f show the Medical Exeminer must be recritied at	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondary (0-12) College (1-4or 5+)  6 UCATS	(Give I life. D	ient's Usuei Occup kind of work done DO NOT use retire Operato	during most of word)	king	16b. Kind of Bu		
9	Hygid other	Be Co	17. Fether's Neme (First, Middle, Last)	ciane	орешио	18. Mother's Ner	ne (First, Middle,			on
/lar	Venta Venta rked rific ev	To B	William H. Kruger			Helen N	lewell H	anson		
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Baltimore,	permit. Pages 1 and Department of Heelth Important: if Item 27 any Injury or other th once.		21. Signeture of Funerel Service Licensee	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	Neme end Addre					
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9	Physician /Medical Examiner		tmmediete Cause (Finel disease or condition resulting in deeth)	515	/ Go	ngre	ne 2º	PVI	\$	Onset and Deeth
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0	the e	ysic	Part Ii. Other significant conditions contributing to death but not result	ting in the un	derlying ceuse gl	ven in Pert I.	23b. Dld 1	obacco use con	tributs to	the cause of death?
٦,	ned by	by Ph	Colon Cancer,	far	KINS	on 5	1/4	Yes 2□No	3 ☐ Prot	pably 4 ☐ Unknown
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ion	ath. r: After re funer	atior	2 Accident investigation	Injury		rk? Yes 2 □ No				
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			30. Name and address of person who completed cause of death (item 2		Print)	plus >	Zon Visco	Carel	0	RITM
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State of Maryland / Department of Health and Mental Hygiene 96

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	land land		10a. Stete 10b. County		10c. City, Tow	n or Location				10	0d. Inside City Limits
	the Many 28a-f ah	Director	Md. Balt	imore		10f. Zip Code	Esse		10a Chinas at	1475-1-0-1-0	1 □ Yes ¾☐ No
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Baltimore,	permit. Pages 1 end Department of Healt important: If item 27 any injury or other 1 90008.		20e. Method of Disposition  1 ☑ Burial 2 ☐ Cremetion 3 [ 4 ☐ Donetion 5 ☐ Other (Speci			Disposition (Name of ny, cremetory or other p Lawn Cemete	11	7/96	20c. Location Balt:	City or To	
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20,	rifficate be executed ng physician and as the buriel-transit	il Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury			consequence of:	rdiomvopat	hv			5 Years
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ita Ita	Physician: The rithis certificate and director, page	Be	25. Wes case referred to medical examiner?				26. Plece of Dee	th (Check only o	ne)		
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	10		30. Name and address of person who Shane Pak MI							1 1 7	1
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State of Maryland / Department of Health and Mental Hygiene 96 09385

					Ce			Death		eg. No.	0	9303
	Physic	an	1. Decedent's Name (First, Middle, Last	•					2. Date of Dee March		1996	3. Time of Death
1	/Medi	cal		olbe				4b. City, Town, or L		_		3:45pm
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	Funeral Director		217-10-3221	x 7. Age (In	yrs. last birthday 90 Yrs.	/) If Under Months	Pr 1 Year Deys		8. Date of Birth Month, Day July 2	, 1905		ace (State or Foreign ry) ryland
	pue M.		Usual Residence of Decedent  10a. State 10b. County	100	. City, Town or L	ocation						d. Inside City Limits
	r 28a-f show	tor	Md. Balti	more			Esse	x				1 ☐ Yes Ž DNo
	th with the 23a or 28	al Dire	10e. Street and Number 313 George Ave.			10f. Zi	p Code	21221	1	0g. Citizen of V USA	What Count	ry?
21215-0020	within 72 hours after death with the Maryland ane. than "natural", or items 23s or 28s-f show he Madical Examiner must be incorted at	by Funeral Director	11. Maritel Stetus  1 Never Merried 2 Married  3 Syvidowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	In U,S. 13.	Was Dece If Yes, spe 1 Yes		Hispanic Origin? (Sj san, Mexican, Puerto Specify:	pecify Yes or No- o Ricen, etc.)		a - America ck, White, e	
15-0	natural,	Be Completed	15. Decedent's Edu (Specify only highest grad		16a. Deci (Giv	edent's Usi e kind of w	ual Occu	pation during most of world)	king	16b. Kind of Bi	usiness/Indi	ustry
212	withir than	duic	Elementary/Secondary (0-12)	College (1-4or 5+)				uffer		Geot	z Inc	
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o	문 분명	on: To	1 Yes 2 No   27. Manner of Death 1 Naturel 5 Pending	1 ☐ Inpatient  28a. Date of Injury (Month, Day Yea	2 ER/Outpatie		OA OI 28c. Inju		ome 5 Reside			)
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	T M	M	29b. Signature and the of certifier	LAUN				se number		9d. Date signe	d (Month, D	Pay, Year)
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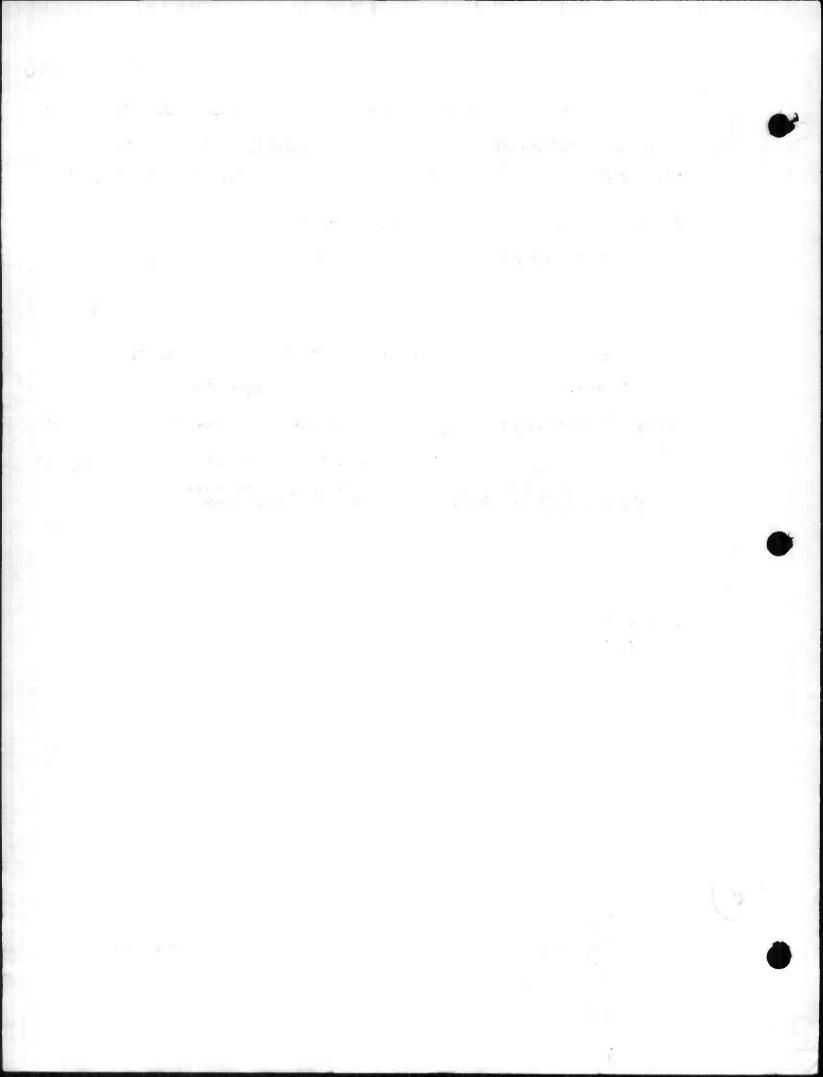
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	3	10. Name and address of person who KAYNOLD	complated causa of b	eath (Nem 23a)	(Type, Print)  NORI	HWEST	HOSPI	TAL	28, 1996 CENTER

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			23e. Pert1. Enter the disaesa, or comp shock, or haart feilure. List only of	licationa that causad in e ceuse on eech line	the death.	Do not enter	r tha mod	da of dylr	ng, such as cardla	c or respiratory	arreat,		Approximete Interval Between
Physic /Med Exami	lical		Immedieta Ceuse (Final disease or condition resulting in deeth)	. CNS L				-	Vervons	System			Onset and Deeth  Z Months
7	æ	ner		b. RETROVI		a e consequ							YEARS
58760, icete be execute physician and	burial-transit	al Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diagase or Injury			is a consequ							
587 icete	2	/Medical	resulting in deeth) Last	d	oue to (or a	s a consequ	ance of):						
Box (deeth certif	od for	Sclai	Pert II. Other significant conditions co	ntributing to death but	t not resulti	ing In the und	dartving o	ause giv	ren in Pert I.	23b. DI	d tobacco use	contribute	to the cause of death?
ords, P.O. requires that the d	ac	by Physician/M	NONE							1(	Yes 2 No	3 □ Pr	robably 4 Unknown
S 8 0	2 should	Completed									es en autopsy formed?	8	Were autopsy findings avellable prior to completion of cause of death?
al R										10	Yas 2 No	1	Yes 2000
of Vital I Physician: The	director,	o Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☒√No	Hospitel:	, aDE	R/Outpatient	3 D	Oth	28. Place of De		one)	What (Case	264)
g Physis	50	n: To	27. Menner of Deeth	28e. Dete of Injury (Month, Dey		8b. Time of Injury		28c. Injur Wor		1	e how Injury occ		эту)
/ision Attending r death.	the fu	catic	1. ■ Neturel 5 □ Pending investigation 3 □ Suicide 6 □ Could not be				М	10	Yes 2 □ No				
Division of Vital teal or Attending Physician: The after South.	led in by	Certification:	4 ☐ Homicide determined	28e. Plece of Injur- building, etc.	ry - At hom (Specify)	e, farm, stre	et, factor	y, office		28f. Location City or T	(Street end Nui own, Stete)	nber or Ru	ral Route Number,
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6			30. Neme and administration who co			Occupas L	,		onus Hopki	is HURDITAL	BATT	wore .	21205
Re	Stat egistra		APR 02. 1996	32. Registra	r's Signatu	re -					,		

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene 09389 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Day Year EUGENE LOWERY JR. MARCH 16, 1996 2:45AM /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** GOOD SAMARITAN HOSPITAL BALTIMORE BALTIMORE CITY 7. Aga (In yrs. last birthday) If Undar 1 Yaar if Undar 24 Hrs. Hours Min. 5. Social Sacurity Number 8. Data of Birth (Month, Day, Year) 8-4-1905 Birthplace (State or Foreign Country) **Funeral** Months Days 1 M 2□ F 90 245-42-8887 Yrs. S.C. **Director** Usuai Rasidance of Dacadant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show 1 X Yas 2 □ No BALTO. CITY BALTIMORE Directo 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Coda ŏ 238 1227 LINWORTH AVE. APT. 2A 21239 U.S.A. Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiene.
ant: If flem 27 Ia marked other than "naturel", or Itema 23. Funeral 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedant of HIspanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 🕅 No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married 1 ☐ Yas 2 No Specify: AFR. AMERICAN by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Dacedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilaga (1-4or 5+) **FARM** FARMER 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) EUGENE LOWERY SR. JEANETTE SMITH 2 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Department of Health an Important: If Item 27 Ia. any Injury or other trau once. BOBBIE J. LOWERY (DAUGHTER) 1227 LINWORTH AVE APT2A BALTIMORE MD 21239 20b. Place of Disposition (Nama of cematery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from S
4 Donation 5 Other (Specify) METRO)CREMATORY MARCH 18,1996 CATONSVILLE MD 21. Signatura of Euneral Sarvice License ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTIMORE MD 21217 Mane art Entar tha disaasa, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death Physician /Medical Immediata Causa (Final disaasa or condition rasulting in daath) SEPSIS 3 DAYS Examiner Dua to (or as a consequence of). by Physician/Medical Examiner COPD 15 YEARS physician and the burial-transit Sequentially list conditions, if any, laeding to immediata cause. Enter Underlying Cause (Diseasa or Injury that initiated evants resulting in death) Last Dua to (or as a consequance of): Dua to (or as a consequence of): attending p signed by the a Pert ff. Other significant conditions contributing to death but not rasulting in the undarlying causa givan in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed certificate has t 1 Yas 2 No 1 Yas 2 No 25. Was casa rafarred to medical axaminar? Be 28. Placa of Death (Chack only one) Hospitel: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 Nnpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of fnjury (Month, Day Year) 28b. Tima of Certification: 28d. Dascribe how Injury occurred 1 Naturai 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 ☐ Accident 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Suicida Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledga, deeth occurred et tha tima, dete and piece, end due to tha causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the causa(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signatura and titla of certifiar 29d. Data signed (Month, Day, Year) 29c. Licansa number MJ Z. Musselmann P09304 3-18-1996 30. Nama and addrass of person who complated causa of daath (Item 23e) (Type, Print)

Registrar

31. Date filed (Month, Day, Year)

APR 0 2 1996

Zattam Musselmani

32. Registrar's Signatura New Moon- Randalle

**DHMH 16 Ray 6/95** 

nang Physician: The law requires that the death certificate be executed

Wision of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

5601 Loch Raven Blad

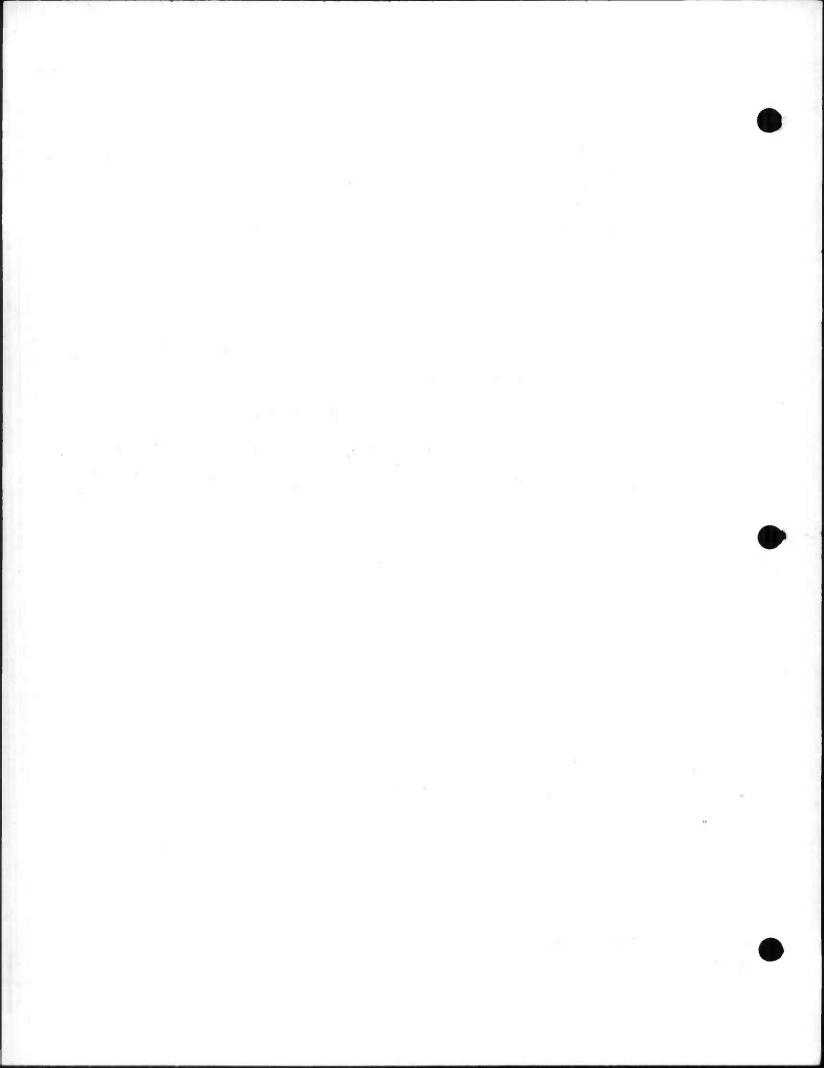
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1000 C 1212 CMC 1 1000 C 1210 CMC	rYSICIAN: The law requires that the death certificate be executed within-rs, hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	

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		FOR 1 - STATE	STATE OF MARYL					MENT	AL HYGIEN	E		
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		Patri	ick Alber		M3 1 1			MON			YEAR	3. TIME OF DEATH
				TUS (In yrs. last birth	Mill day) IF UNI	er Der 1 year	IF UNDER 24 HRS.		ril 1.	199		7:25 p M PLACE (State or Foreign
			1X0 M 2 D F 5(		MONTH	7	HOURS MIN.	(Mo	nth, Day, Year)		Country	1)
	i	9a. FACILITY NAME (If not institution, give stre	wet and number)		9b. C	ITY. TOWN	OR LOCATION OF	Jan	. 26, 1	946 9c. COUN	TV OF DE	isconsin
9	<u> </u>	5934 Sunset Av	zenue				ltimore					more
E	5	RESIDENCE OF DECEDENT										
5	DIRECTOR		+	100	CITY, TOWI							10d. INSIDE CITY LIMITS?
		Maryland Bal	timore				Baltimo	re				1 YES 2 NO
CHINEDAL	ž	5934 Sunset Ave	20110			- [	Or. ZIP CODE	0.7		10g. CITIZ	US A	HAT COUNTRY?
I E	š I		12. WAS DECEDENT EVER II	N U.S. ARMED	Τ,	13 WAS DE	CENDENT OF HISP		IN / Consilie Van	as No. I		American indian,
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at o		Donald Tow	wnsend Mil	ler				,	, Middle, Malden 3			
Fed a		19e. INFORMANT'S NAME (Type/Print)			LINO ADDRE	FSS (Street	and Number or Rura		Beat:			
T TO	2	Michael James M	Miller	650	2 0s	prey	Point	Lar	ne Al	exan	dri	a, VA 22315
must b		20a. METHOD OF DISPOSITION 1	val from State 20b	etro Cr	or other place	OSITION (f	Verne of	1	96 Ba.	ATION — C		
ner	1	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE DAWN F. N	(cDona)	d 2	2. NAME	AND ADDRESS OF F	ACILITY				
жаш		Dann d	MCHona	/ //	_		nation Sc					
20	7	23. PART I. Enter the diseases, or co	omplications that couser	d the death.	Do not ant	L99	rrederic	ch as ca	odd baj	L L LINO	re,	MD 21228
me	1	shock, or heart failure. Li IMMEDIATE CAUSE (Final	ist only one ceuse on a	ach iine.			, ,				,	Interval Between Onset and Death
ž.		disease or condition resulting in death)	netasta	tic P	MC	موما	tic car	u can	<b>Y</b>			6 months
even			DUE TO (OR AS A	CONSEQUEN	E OF):							
	1											
	5	Sequentially list conditions, b.	DUE TO OR AS A	COMPROMEN	V 05							
Taumatic		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENC	CE OF):							
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IPORTANT: It teem 28 is marked, or item 23 shows any injury, BE COMPLETED BY PHYSICIAN: MEDICAL CE	TO DE COMIT PELLED DI PRINCIPALITA	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  DID TOBACCO USE CONTRI  25. 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Julia Davidson-Randalle



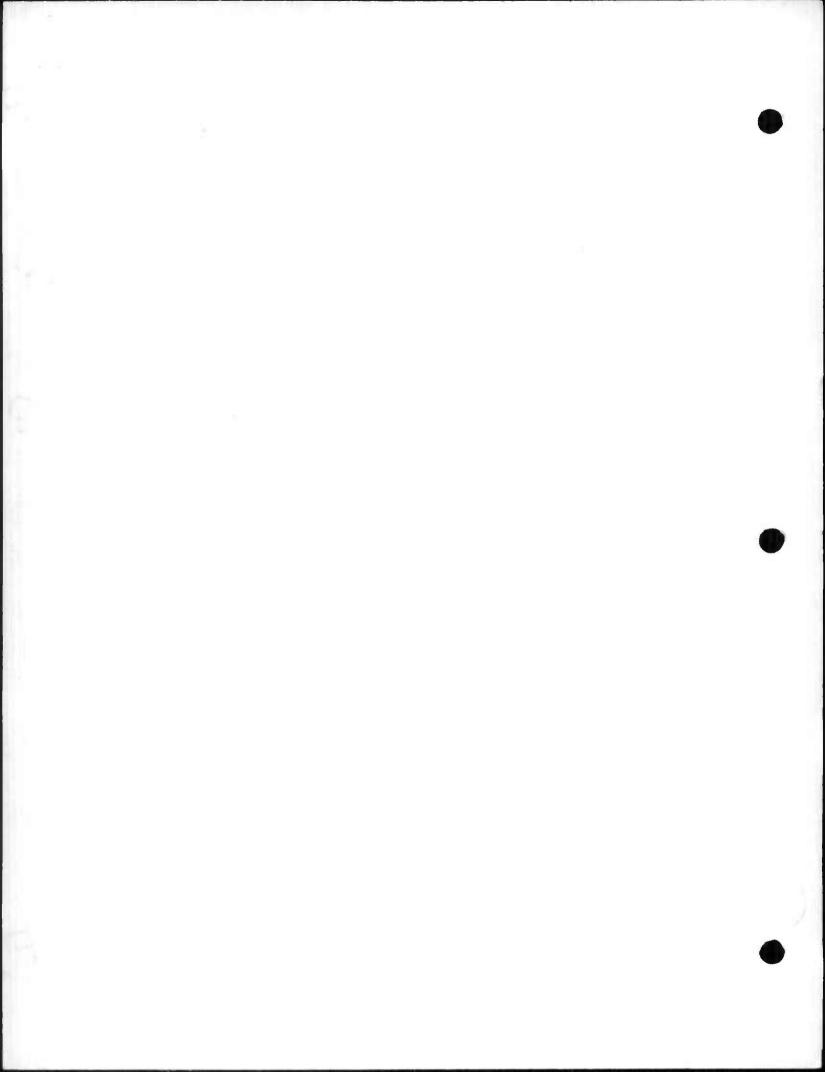
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the host	TO THE FUNEAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	101	10	be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	MP
S.			_	

	1 - STATE OF MARYLAND C	DEPARTA				GIENE		, 505	•		
	1. DECEDENT'S NAME (First, Middle, Last)  Richard Neil Mitchel	1			2. DATE OF DE ADTIL	OI 19	96ear	3. TIME OF DEAT	ТН Ам		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In 215-14-0527 1) X M 2 1 F 7 3		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF BU	7. DATE OF BIRTH (Month, Day, Way) July 30,1922  8. BIRTHPLACE (State or Ford Country) Michigan					
œ	9e. FACILITY NAME (If not institution, give street and number)			R LOCATION OF DE			NTY OF DE				
DIRECTOR	Joseph Richey Hospice RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		altim				N/A				
	Maryland N/A		own on Locat altim					IOd. INSIDE CITY LIMITS? X YES 2			
FUNERAL	2525 Eutaw Place, Apt. 907		101	ZIP CODE 2121	7	10g. CIT	IZEN OF WH	A COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 XDIvorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 X YES 2 IF YES QUYE WAS OR DATES	RMED		ENDENT OF HISPAN	IIC ORIGIN? (Spe n, Puerte Rican,		14. RACE -	- American Indi White, etc.	.,		
COMPLETED	(Specify only highest grade completed) (( Elementary/Secondary (0-12) College (1-4 or 5 +)	ECEDENT'S USI Give kind of work le. Do NOT use re	done during mo	N at of working	16b, KIND	OF BUSINESS/INI	DUSTRY	MILE			
OMPI	12 In	terio	r Des	igner		Resider	ntial				
BE C	Samuel Mitchell			N	orma	Mentze					
5	25.4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			nd Number or Aural I t. Balti							
	20a. METHOD OF DISPOSITION 20b. PLACE	ANDDATEOFD	ISPOSITION (Na		DATE	20c. LOCATION	City or Town				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dawn F. McDo		22. NAME AN	ion Soc	iety of		nd, Ir	nc.			
RTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one ceuse on eech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):  Toesulting in death) LAST										
MEDICAL	PART II. Other significant conditions contributing to death but not	reaulting in the underlying cause given in Part I. 24a. WAS A PERFC 1 — YES					MED? AMILABLE PRIOR TO		TO		
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA 25. WAS CASE REFERRED TO MEDICAL 26. PLA	CE OF DEATH (		UNCERTAIN	N X		117.				
PHYSICIAN:	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient :	DOA 4			6 Other (Spec	m Hosi	DICC				
BY PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26b. TIME OF	WO		26d. DEŞCRIBE	HOW INJURY OO	CURED				
2	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At he building, etc. (Specify)	281. LOCATION City or Town	(Street and Number n, State)	or Rural Rou	ite Number,						
COMPLET		(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
2 2	296. SIGNATURE AND TITLE OF CENTIFIER  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE	<i>D</i>		29c. LICENSE NUM D/85	87		pril (	fonth, Day, Year)	6		
	30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	TON /	118	BACT	TUNG	m)	212	229			
	31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE  Sucha Davidson-1	Pandelle									
	•							DHMH-16	Rev 1/89		

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician,	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for befield within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE OF MARYI REGISTRAR	AND / DEPARTM CERTIFIC	MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) D. MONS	90		2. DATE OF DEATH MONTH DAY MALCH W	YEAR 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 6 (1) № 1 2 □ F	(In yrs. lest birthday) IF 86 YRS.	UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MHN.	7. DATE OF BIRTH (Month, Day, Year) July 5, 1909	8. BIRTHPLACE (State or Foreign Country)					
TOR	99. FACILITY NAME (If not institution, give street and number)  Levindale Hebrew Home  RESIDENCE OF DECEDENT	91	Baltimore	DEATH 9c.	N/A					
DIRECTOR	Maryland Baltimore	10c. CITY, To	OWN OR LOCATION Balt:	imore	tod. INSIDE CITY LIMITS7 t ☐ YES 2 [X] NO					
FUNERAL	6805 Chippewa Drive		10f. ZIP CODE 2120		. CITIZEN OF WHAT COUNTRY? USA					
BY	11. MARITAL STATUS  1 Never Merried 2 Namried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR E	2 200	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 XINO Spec		14. RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +) 3	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	Mens Clo	110000000					
BE COM	17. FATHER'S NAME (First, Middle, Last)  Joseph Morga			AME (First, Middle, Maiden Surnar Mary Osher	me)					
2	196. INFORMANT'S NAME (Type/Print) Evelyn Morgan (Wife)		ippewa Drive	Baltimore, MI						
	1 1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	b. PLACE AND DATE OF D netery, cremetory or other clington (		3/29/96 Bal	N — City or Town, State  Ltimore, MD					
	21. SIGNATURE OF FINERAL SERVICE LICENSEE  AUGUST M. CULTU	an an		& BROS., INC.						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
CERT	reaulting in death) LAST									
MEDICAL	PART II. Other algorificant conditions contributing to death it	out not resulting in the	ne underlying cause given i	Part I. 24a, WAS AN AUTOF PERFORMED? 1 U YES 2 AN	AVAILABLE PRIOR TO					
ICIAN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE C	26, PLACE OF DEATH (C		IN 🗆	1 723 2 1 10					
BY PHYSICIAN: MEDIC	1 VES 2 NO 1 Inpatient 2 ER/Out  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident	patient 3 DOA 4	Nursing Home 5 Residence	28d. DESCRIBE HOW INJURY OCCURED						
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination									
H	29b. SIGNATURE AND TITLE OF CERTIFIER SEGUENTS.  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATTENDIT PHYSICII	TE 29c. LICENSE NO D 25		DATE SIGNED (Month, Day, Year) MARCH 27 1996					
0			" SET HTL	VAR BALTIMÜRE	m7 21215					
	APR 02 1996 June 1990									





Item1 4-4-96 FilmG734 W.H.Per F/H Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Esther O. McNair 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month **Physician** Esther F Mc Nair 5:00 am March 31 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Johns Hopkins Hospital Baltimore n/a If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. | 7. Aga (in yrs. last birthday) 9. Birthpiaca (State or Foreign Country) AROLINA Months 1□ M 2☑X Yrs. Uauel Residence of Decedent 10e Stete 10b County 10c. City, Town or Location 10d. Inside City Limits BALTIMORE Yes 2 No MD n/a Completed by Funeral Director 10g. Citizen of What Country?
UNITED STATES 10e. Street and Number 10f. Zip Code 21205 1050 BROADWAY N. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 (X) No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Bieck, White, etc. 11. Marital Status 1 Navar Merried 2 Merried 1 ☐ Yes 2 X XIo Specify: Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantery/Secondery (0-12) Coilege (1-4or 5+) CLOTHING CORP. SEAMSTRESS th 18. Mother's Name (First, Middle, Melden Sumame)
ROSA PRICE 17. Fether's Neme (First, Middle, Last) Be PARKER JOHN 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1050 N. BROADWAY, BALTIMORE, MD 21205 RALPH MC NAIR 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Suriel 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) RANDALLSTOWN.MD KING MEMORIAL PARK 4-5-96 21. Signeture of Eunerel Sarvice Licensee 22. Name and Address of Facility WM. C. MARCH HF.-1101 E. NORTH Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. Approximete Interval Between Onset and Death probable intracranial hemorrhage fmmediete Ceuse (Finel disaase or condition resulting in deeth) hour multiple myeloma Examiner 2 years Sequentielly list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury thet initieted events rasulting in daath) Last Physician/Medical Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of causa of deeth? 24e. Wes an autopsy performed? Completed 2 No 1 ☐ Yes 2 No 1 ☐ Yes 25. Wes case referred to medical axeminer? Be 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 12 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of fnjury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Sulcide 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pieca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) and mennar stated. Medical 29c. Licensa number 29d. Date signad (Month, Day, Year) 29b. Signeture end title of certifier March 31, 1996 M6095

State

egory 31. Date flied (Month, Dey; Year)

30. Name and address of person who completed cause of death (item 23e) (Type, Print) Gregory Prokopowicz 600 N. 600 N. Wolfe St Baltimore mo 32 Registrer's Signeture Sikia Davidson

Registrar

DHMH 16 Rav 6/95

Director

28a-fahow

7 is marked other than "natural", or Items 23s or 28s-f abov treumstic event, the Modical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after d. Department of Health and Mental Hygiene. Important: If Nem 27 is marked other than "natural", or them only injury or other treumatic event, the marked other than another than another than another than another than another than another than another than another than another than another than another than another than another than another than another than another than another than another than another than another than another than another than another than another than another than another than another than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second than a second that a second than a second than a second than a second than

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The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

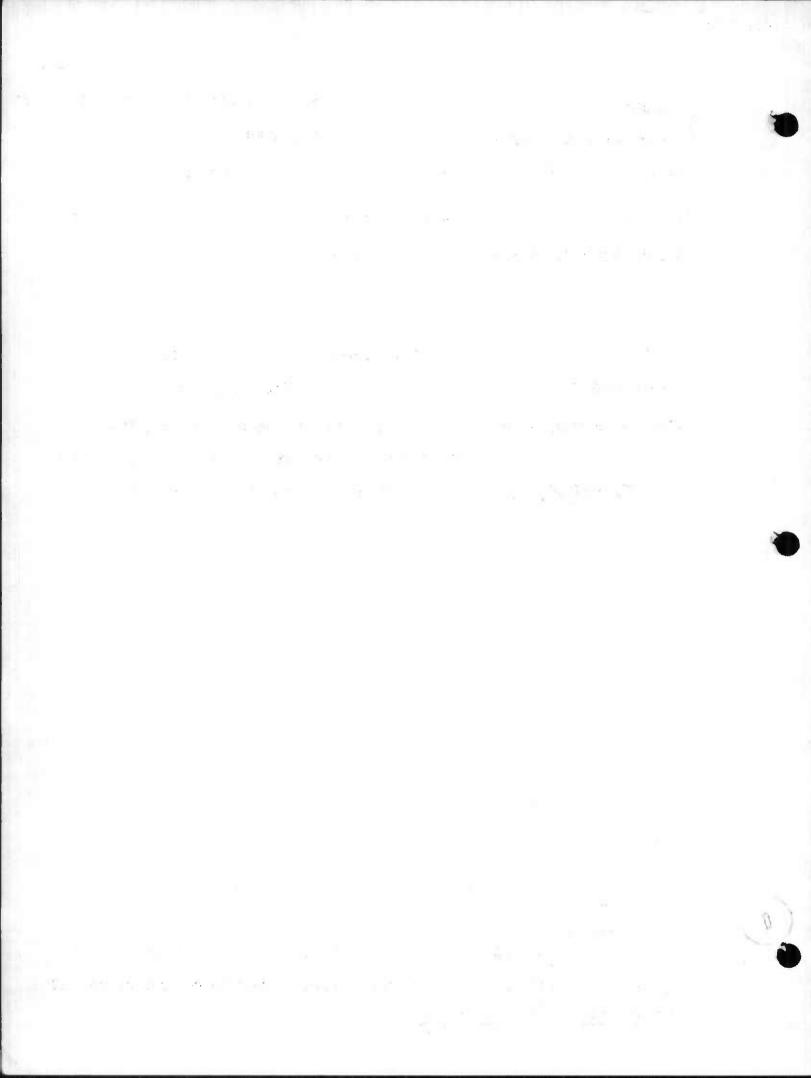
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State of Maryland / Department of Health and Mental Hygiene 96 09394

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Se-f show	Director	10a. Stete 10b. County Maryland		10c. City, 1		e City	,					1	0d. Inside City Limits 1 □ Yes 2 □ No
filed within 72 hours after death with the Maryland hygiene. ther than "netural", or Herna 23a or 28e-1 show ther, the Medical Examinet must be notified at	ral Dire	10e. Street end Number 431 N. Washington	Street	t		10f. Zip (					10g. Citizen of U.S.		ntry?
th and Mentel hygiene. 7 is merked other than "natural", or itema 23a or 28a-f show trsumatic event, the Medical Examiner must be notified at	by Funeral	11. Maritei Stetus  1 Never Merried 2 Merried 3 Widowed 4 Divorced	Armed Forces?  1   Yes 2   XNo		.S. 13. Was Decedent of Hispanic Origin If Yes, specify Cuban, Mexicen, F  1□ Yes 2 No Specify:						ck, White,		
n and Mentel Hygiene. Is merked other than "netul rsummitic event, the Medical	Completed	15. Decedent's Ed (Specify only highest great Elementery/Secondery (0-12) 11th	ucation de com <i>pleted)</i> Coilege (1	-4or 5+)		8e. Decedent's Usuel Occupation (Give kind of work done during most of life. DO NOT use retired)  Brick Layer						of Business/Industry	
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Ø 70	To B	examiner? 1 □ Yas 2 □ No	Hospitei:	npatient 2 ER	l/Outpetie	nt 3 DOA	Othe	ir:				her (Specil	iv)
ter: After	ertification:	27. Menner of Deeth  1 Neturei 5 Pending (Month, Dey Year)  2 Accident Nestigetion 3 - 26 - 96 2 (: 37 M 1)							y et 28th Describe how injury occurred Subject Struck & fell he				fell hithing
bours after uneral Directly filled in by	O	4 Homicide determined  29e. Certifier 1 Certifying Phy	sician: To the	of Injury - At home ng, etc. (Specify) Srewle best of my knowle	dge, deet	h occurred et	the tim	e, dete an	d piece,	City or Tov	vn, Stete)  KN -  ceuse(s) end m	Wash	al Route Number,
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Registrar

APR 02 1996 Julia Cauthon Randelle



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DIVISION OF VITAL RECORDS, P.O. BOX 68760

	it. Pages 1, 2, 3 should	
IOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	
e 6 may be retained by th	rector, page 5 should be d	
24 hours after death. Pag	filled in by the funeral dir-	
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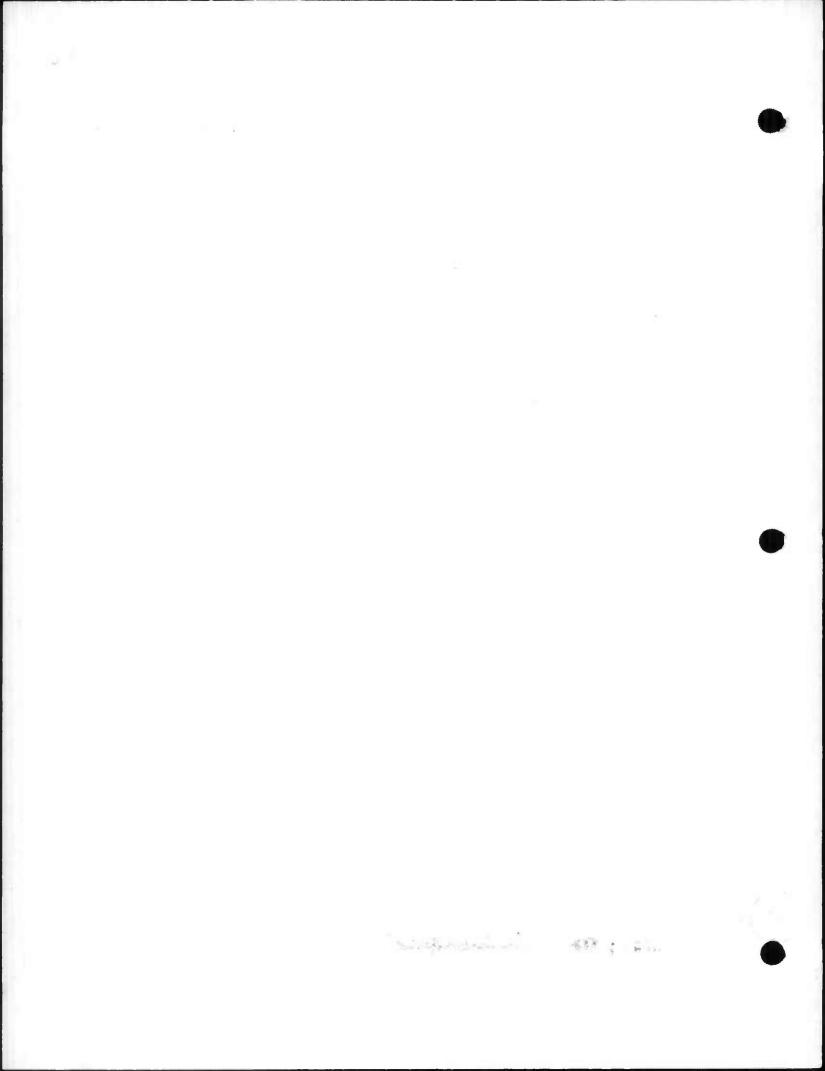
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		1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	RTMENT	OF H	EALTH	AND I	MENTAL	HYGIEN REG. NO	E		
Г		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O			3.	TIME OF OEATH
		EDWARD J. MULLAHET MORCH								CH 3	0-9	EAR 3.	6.05 P. M	
		CARTINE NO. NO. SERVED.		AGE (In yrs. less		IF UNDER 1	YEAR DAYS	IF UNDER :	24 HRS.	7. DATE O	F BIRTH Day, Year)	8.	BIRTHPLA Country)	ACE (State or Foreign
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١.	~	9a. FACILITY NAME (If not institution, give street				9b. CITY,	TOWN O	R LOCATIO	N OF DE	EATH		9c. COUNTY	OF OEAT	н
	2	Eastpoint Nursing Home NA Balto.												
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	<u>"</u>	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	/G/	ve kind of	WORK done do	ring mos	N st of working	7	16b. A	UND OF BUS	SINESS/INDUS	TRY	
	3	A CONTRACT OF STREET STREET	College (1-4 or 5 +)											
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g 3			Educard Mulliamore								-110 774			
	20	19a. INFORMANT'S NAME (Type/Print)								Mary Swanner				
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2		26s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State												
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		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY												
examiner		Maria & Zaxnens. Door16 Joseph N. Zannino Funeral Home												
	T	23. PART i. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or resolvatory arrest.												
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2 4		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN												
Item 23 shows any injury,	5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	28. PLACI	OF DEAT	H (Check or								
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20 12	3	3 Suicide 8 Could not be determined	28e. PLACE OF IN	(Specify)	ne, farm, i	Hreet, factor	y, office			281. LOCAT City or	ION (Street a Town, State)	nd Number or .	Rural Route	Number,
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	4	296. SIGNATURE AND TITLE OF CERTIFIER			M	)		29c. LICEN	27	100		1 L/	ONED (Mo	nth, Day, Year)
E   6		30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CALLES	DE DEATH OTTO	17	Delet1		U	1	2 12		- 7	11/9	6
		2 112 4.15 20	()	OEAIN (IIEM	∡r) (lype,	rnnt) e	SA	VIM	DE	12	JUL	100		

DMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Le Balliwe M1)

32 REGISTRAR'S SIGNATURE

Julia Davidon Robbia



State of Maryland / Department of Health and Mental Hygiene 96 09396

						Certificate of	of Death		Reg. No.		
			1. Decedent's Nama (First, Middla, Las	1)				2. Data of Dea	ath		3. Time of Death
3	Physic			Loretta	M Mar	riano		Month March	Day 31,1996	Year	11:07 AN
1	/Medi Exami		4a. Facility Name (If not Institution, give		TI. PICL	Tario	4b. City, Town, or	Location of Death		of Death	11101111
		ici	North Arundel Ho 5. Social Security Number 6. Se		a the same to as h	irthday) If Under 1 Ya	Glen Bu		Anne	Arun	
	Funeral Director		215-46-4852	.x 2√2, F 7. Ag	e (In yrs. last b	Yrs. Montha Da		. (Month, Da)	Year) 31,1927		olaca (State or Foreign otry) aryland
	and w		Usual Residence of Decedant  10a. State 10b. County		10c, City, Toy	vn or Location		· · ·		1	Od. Insida City Limits
	/ show	5	Maryland Anne Ar	undel		era Beach					1 ☐ Yea 2 ☒ No
	the h	Director	10e. Street and Number		1(1,4,1	10f. Zip Cod	ło.		10- Chinan of	1475-1-0-1-1	
	23e or	ral Di		ale Road		-	122		10g. Citizen of U.S.		wyr
020	72 hours after death with the Maryland natural, or Items 23s or 28s-f show final Examiner (was be inclined at	by Funeral	11. Maritai Status  1 Never Married 2 Married  3 Widowed 4 Divorcad	12. Was Decedant Armed Forcas?  1 Yea 2 1  If Yes, Give Year or Dates:		13. Waa Decedent if Yes, specify C	of Hispanic Origin? (s cuban, Maxican, Puer No <i>Specify:</i>	Specify Yas or No- to Rican, atc.)		ck, White, or	
21215-0020	⊆ 1 6	Completed	15. Decedent's Ed. (Specify only highast grad Elementary/Secondary (0-12)	ication le <i>completed)</i> College (1-4or 5		Decedent'a Usual Oc (Give kind of work do life. DO NOT use re	me during most of wo tired)	orking	16b. Kind of B	ualness/Ind	Justry
2	e filed w ei Hygie other ti vent, th		12			Homemak	1		Own I		
an S	od of i	Be	17. Father'a Name (First, Middle, Last)	eles EZ Til		0		ma (First, Middle,		10)	
Z	should be filed with and Mentel Hygiene. s marked other than aumetic event, the M	2		ohn W. Li				che M. Ch			
Maryland			19a. Informant'a Name/Raiationship (T)		1	b. Mailing Address (Str					
	Heel Heel Her		Mrs. Eileen L.  20a. Method of Disposition	Grosholz	20h Place (	178 Dale R	oad Rivie	ra Beach,	Marylar 20c. Location		
Baltimore,	in in in in in in in in in in in in in i		1 ☐ Burial 2 ☐ Cremation 3 ☐ F		cemata	ry, crematory or other	place)				
표	rtam riun		4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funeral Service Licens	-	Loude	n Park Cem		11 3,1996	Balti	ore,	Maryland
Ba	permit. Pages Department of H Important: If ite any injury or of once.		21. Signature of Puneral Service Liberts	22/	.11	22. Nama and Ad	Funeral F	Jomo			
			MIN SE	10/20	wv	3204 Mo	runerai r untain Roa	ione ad Pasade	na Mars	rland	21122 Approximata
			23a. Barti. Enter the disease, or completions, or heart failure. List only o	ne cause on each lin	I the deeth. Do ne.	not enter tha mode of	dying, such as cardia	c or respiratory ar	rest,		Approximata Interval Between Onset and Deeth
P	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)		udial	. / -	~				Criset and Deeth
		ē		Callana	Due to (or es a	consequence of):	d				
	d ansit	Examiner		b. Cory	sury 1	consequence di:	media			<u>i</u> _	
ć	axec In an	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Dieease or Injury that initiated events		Due to (or aa a	consequence qu:					
68760,	erificate be axecuted ling physician and is as the buriel-transit	cal	Cause (Diaease or Injury that initiated events	D	Dua to (or as a	consequence of):					
	entifica ling ph	Medical	resulting In death) Last			551155q551152 517.				i	
Вох	0 2 2	an/		d							
_•	the etter	Physician	Part II. Other significant conditions con	ntributing to death be	ut not resulting	in the undarlying cause	given in Part i.	23b. Did t	obacco use co	ntribute to	the cause of death?
P.0	\$ > 0	Ph	HER high Yells	and num	ALLI	dia Piote		101	100 2 (No	3 Prob	bebly 4 Unknown
Ś	8 5 8	b	1449 1441	vac Dras	1	COCCOC V					
Records,	peen peen shoul	Completed	mellitus, 1	ypuch	w leste	rollma	J,		an autopsy med?	ava	era autopsy findinga allable prior to mpletion of cause death?
Vital Re	the page	e Com	Ullhovascul	wi a	chde	it x2		1 🗆 Y		10	Yas 2□ No
5	Physician: this certific ral director,	OB	25. Was case referred to medical examiner?	fospital:	nt %Z ER/O	20 BOA	Other	ath (Check only or			
of	g Phy er this neral c	L.	27. Manner of Death	28a. Dete of Injur	y 28b.	dipatient 30 DOA	njury at Work?	1ome 5 ☐ Resid			7
on	Attending r death. ector: After by the fune	atlo	Naturel 5 Pending investigation	(Month, Day	Year)		Work? I ☐ Yes 2 ☐ No				
Division	f or Attendate after deat Director:	Certification:	3 Suicide 6 Could not be determined	28e. Place of injubuilding, etc	ury - At home, fa :: (Specify)	arm, atreat, factory, offi	ca	28f. Location (S City or Tow		er or Rura	l Route Number,
	To the Hospital or Attending I	edical C	29a. Certifying Physical Certifying Physical Examination	nician: To the best of ner: On the basia of and manner sta	examination ar	e, death occurred at the	e time, date and piece by opinion, death occur	e, and due to the curred et the time, c	cause(s) and ma date and place,	inner es stand due to	ated. tha cause(s)
n	om di co	Me	29b. Signature and title of certifier	Δ		29c. Lica	ansa number		29d. Date eigne	d (Month, I	Day, Year)
4	T		Doraine m	10,00	Ma	No	1612		11/10	1/.	
~	0		30. Name and address of person who co	mpleted cause of	lath (Item 23c)	(Type Print)	CIVI		+111	0	
	0			- /			pl 1 -			2 21	100
			Ioraine M. Da	TTEX M.D.	9030	rawin kayn	or Rivd. I	asadena,	Marylar	1a 21	122

Registrar

n wingo again and for our villages 

## Please Type or Print in Black indelible lnk. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 0.0

397

mone of ficultiful and wit	ontai riygiene	4	D	U	y	
ficate of Death		400	0	O	1	1
ilcale of Dealif	Reg. No.					

Physician
/Medical
Examiner

Disease

APRIL 01,1996

**Funeral** 

**Director** 

permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Manyland Department of Heelth end Mental hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified as Baltimore, Maryland 21215-0020

**Physician** /Medicai Examiner

ed by the attending physician and deteched for use as the buriel-transit Physician: The law requires that the deeth certificete be executed Vital Records, P.O. Box 68760. director, page 2 should be certificate has To the Hospital or Attending Phys within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral dir

Physician/Medical F Completed by Be Certification: To Medical

			Certificat	e of	Death			Reg. No.		0 3 0 3 1	
1. Decedent'a Neme (First, Middle,							2. Dete of De	eth		3. Time of Death	
CHARLES	Ε.		MORRI	SON	l, Jr		APRII	$0^{\text{Day}}$ 1	996	5:12 A	
4a. Facility Name (If not institution, g	give street end number) LENA ST.				4b. City, To		ocation of Deet	h 4c. Cou	nty of Deat	h	
Social Security Number     6	Sex 7. Age	(In yrs. lest birt	hdey) If Under	1 Year Deys	If Under Hours	24 Hrs. Min.	8. Date of Bi	rth	9. Birti	hplece (State or Foreign	
216-14-8728	110 M 2□ F	74	4 Yrs. Month's Days Hours Min. 0					*1 <sup>4</sup> 9*2 2	W.	VA.	
Usual Residence of Decedent  10a, Stete 10b, County		10c. City, Town	or Location							40d Incide City I Imite	
MD		Baltimore								10d. Inside City Limits 1 □Wes 2 □ No	
10e. Street and Number 6568 St. Hele:	na Ave.		10f. Zip	Code 2 1 2 2	22			U.S.		untry?	
11. Maritai Status  1 Never Merried 2 Married 3 Widowed 4 Divorcad	12. Wes Decedent Endemed Forcas?  Market Size Size Size Size Size Size Size Size		13. Wes Decedent of Hispanic Origin? (Spelf Yes, specify Cuben, Mexican, Puerto  1 ☐ Yes 2 ☒ No Specify:				pecify Yes or No Rican, etc.)		Raca - American Indian, Black, Whita, etc. pecify:White		
15. Decedent's (Specify only highest)	grade completed)		16a. Decedent's Usuel Occupation (Give kind of work done during n life. DO NOT use retired)				king	16b. Kind of	Business/	Industry	
Eiementery/Secondery (0-12)	College (1-4or 5+	-)	ane Ope								
17. Father's Neme (First, Middle, La	st)		18. Mother's Name (F					, Meiden Sum	eme)		
Charles Morri	son, Sr.		Unobtainabl								
19e. Informant's Neme/Reletionship	(Type, Print)	19b.	19b. Meiling Address (Street and Number or Rur					er, City or Tov	vn, Stete, Z	Pip Code)	
Gary Morrison/	Son	6568 St. Helena Ave					e. Balto. MD. 21222				
20e. Method of Disposition  XIXBurial 2 Cremetion 3 4 Donetion 5 Other (Special Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control		cemetery	Place of Disposition (Name of cametery, cremetory or other place) eadow Ridge Cem. 4/4/				Dete /96	Town, State			
21. Signature of Edhesar Service Lic	grace Over he	/		ey-	Ashto	on I	Funera				
23a. Part1. Enter the disease, or co shock, or heart feilure. List on	proficetions that caused the cause of the cause on each line	he deeth. Do n								Approximate Interval Between Onset and Death	
Immediate Cause (Finel disease or condition resulting in death)	θ.		e Arte	ric	scle	rot	ic Car	diova	scul	ar Diseas	
Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that left lated	D	ue to (or es e c	(or es e consequence of):								
thet initiated events resulting In deeth) Last	C. Di	ue to (or es a co	onsequenca of):								
	d								1		
Pert II. Other eignificant conditions	contributing to death but	not resulting in	the underlying o	ause giv	en in Part I	l.	23b. Dld	tobacco use	contribute	to the cause of death?	
HIGH BLOOD PRE	ESSURE						10	Yee 2□ No	3 □ Pr	obably 4 Unknows	
							perfe	en eutopsy ormed?	8	Were autopsy findings aveilable prior to completion of cause	
							INSP	ECTIO	N c	of death?	

utopsy findings le prior to tion of cause 1? 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 🖾 Residence 8 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Neturai 2 Accident 6 ☐ Could not be determined 3 Suicide 28e. Piaca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homlcide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner stated. 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

O.C.M.E

30. Name and eddress of person who completed cause of deeth (Item 23a) Type, Print) Street, Baltimore, Maryland 21201 David

31. Date filed (Month, Day, Year)

32. Registrar's Signature

Registrar APR n 2 **DHMH 16 Rev 6/95** 

State

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April 4 com

retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 2 Page 6 may hours after death.

permit. Pages 1, 2, 3 should

use as the burial-transit

detached for

funeral director, page 5 should be

**BOX 68760** executed requires that the death certificate be P.O. 1 VISION OF VITAL RECORDS, OR ATTENDING PHYSICIAN: The law

attending physician

6

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR Item: 1, per F.H. 6-734 4/2/QERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ANGELO MAZZATENTA MARCH 2055 SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 28 602 1 2 F NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Arundel GlemBurnie DIRECTOR Ame Akundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY. TOWN OR LOCATION IOd. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2X NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7830 SHELLYE ROAD 21060 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 HO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. If yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married BY Specify: 3 Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12 N/A BUILDER E. STEWART & MITCHELL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Surname) ATTILIO MAZZATENTA, MYRTLE BE ANGELO SR. HALPIN notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ANN K. MAZZATENTA 7830 SHELLYE ROAD, GLEN BURNIE, MARYLAND 21060 2 20a METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Sista must MEADOWRIDGE MEMORIAL PARK 4 Donation 5 Other (Specify) 4636 ELKRIDGE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical examiner 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVENUE S.W. filled in by the figon, or removal. GLEN BURNIE, MARYLAND 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Interval Between cremation, or IMMEDIATE CAUSE (Final Onset and Death the disesse pr condition an and completely fill to burial, cremation onces resulting in death) event. Month DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, lasding to immediate prior cause. Enter UNDERLYING CAUSE (Diseese or Injury other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST 6 the atter PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL by t any Signed Health a 1 | YES 2 | THO OF DEATH? shows 1 ☐ YES 2 ☐ NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO NO UNCERTAIN PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 Department 2 ER/Outpetlant 3 DOA OTHER: 1 YES 2 1 NO 4 Aursing Home 5 Residence 6 Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending M 1 YES 2 NO After BY 2 Accident 28e. PLACE OF INJURY — Al home, larm, street, lectory, office building, atc. (Specify) DIRECTOR: An hours after de-ltem 28 is n 3 Suicide 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined TO THE RINEFAL DIRECTS
TO THE RINEFAL DIRECTS
DE filed within 72 hours at IMPORTANT: If Item 21 COMPLET 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE arkay M.D 039505 March 29, 1996 9 ME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1406-B twy#202, Glan Burnie CA MD. 21061 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE ia Davidson-Randelle 2 1996

DHMH-16 Rev 1/89

tending physician.	as the burial-transit permit. Pages 1, 2, 3 should		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2	cremation, or removal.	MPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SICIAN: The law requires that the death certificate be executed w	ertificate has been s	th the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	f, or item 23 shows any injury, or other traumatic eve
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with I	IMPORTANT: If item 28 is marked

	FOR	OTATE OF 1440	VI 4415 / I							10	0939	9
	1 - STATE REGISTRAR	STATE OF MAR		DEPARTME RTIFICA				MENTAL HYGIEN REG. NO				
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF OEATH			3. TIME OF OEATH	
	NELLIE			MILLE	R			March 23,	199	6 YEAR	06:43 A	М
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest		DER 1 YEAR	IF UNDER		7. DATE OF BIRTN (Month, Day, Year)			IPLACE (State or Foreig	n
	179-32-7548	1 M 2 X F	77	YRS. MONTH	B DAYS	HOURS	MIN.	6-28-18			itstone. Md.	
	9e. FACILITY NAME (If not institution, give st				ITY, TOWN	OR LOCATIO	ON OF OR	ATN	9c. COU	NTY OF D		
OR	Memorial Hospital	& Medical	Center	C	umbei	land			A11	egan	у	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			10c. CITY, TOW	N OR LOCA	TION					10d. INSIDE CITY	_
E	Pa. Bo	edford				280, L	Rodla	nd			LIMITS?	
	10e. STREET AND NUMBER	at o ta		10 10		r. ZIP CODE		/U.	10g. CIT	IZEN OF 1	WHAT COUNTRY?	
FUNERAL	RD #6 Box 280					15522			1	ISA		
S	11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARM	EO		CENDENT O		IIC ORIGIN? (Specify Ye		14. RACI	E — American Indian, k, White, etc.	
ВУ Е	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 Y	R DATES	,		pecify Cuber S 2 X NO	n, Mexica Specify	n, Puerlo Rican, etc.)		Spec	the	
	~										White	
TEI	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Glv	EDENT'S USUAL e kind of work do Do NOT use retire	ne during m	ION ost of workin	g	16b, KIND OF BU	SINESS/INI	DUSTRY		
7	Elementery/Secondary (0-12)	College (1-4 or 5 +)		lomemaker	,			gua la				
COMPLETED	17. FATNER'S NAME (First, Middle, Lest)		1	omenwer		18. MOTH	IER'S NA	ME (First, Middle, Melden		_		_
	Luther Howsare					11-11	y Ru					
BE (	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AODR	ESS (Street			Route Number, City or Tow	m, Stere, Zi	code)		
5	Mr. David Miller		R	D #6 Bo	x 280.	Eed/o	and, i	Pa. 15522				
	20e. METNOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Remo	oval from State		ND DATE OF DISI		lame of			CATION			
				an Comot	OHII			7/24/90 RD	#3 Be	dford	, Pa. 15522	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Beike Inl	0		214 5		ana S	St., Bedford,	Pa.	1552	2	
	23. PART i. Enter the diseases, or o	omplications that can	read the dea	th Do not an				ebile Funeral			.   Approximate	
	shock, or heart failure.			itil. DO HOL BI	tar tra m	oda oi dyi	ng, suc	n ss cardiac or reap	iratory ar	rwat,	interval Betw	reen
	IMMEDIATE CAUSE (Final disease or condition	Tack	2-00' 0	00	-d.	0 -	1 100	andhu			Onset and D	aath
	resulting in death)	I SCHE	AS A CONSECU	UENCE OF):		Orr	140	HAMIY			O YEAR	3
Z		Athero	200	lern	51 0	= ,					io vea	cs
CERTIFICATION	Sequentially list conditions, ff any, leading to immediate  Due TO (or AS A CONSEQUENCE OF):											
CA	CAUSE (Disease or Injury	h										
F	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSECU	UENCE OF):								
EH		l									-	
I	PART ii. Other significant condition	a contributing to deal	th but not re	sulting in the	underlyi	ng couse g	given in	Part i. 24e. WAS AN		241	. WERE AUTOPSY FINDS	NGS
OC.								1 D YES	1.		COMPLETION OF CAUS DF DEATH?	BE
ME						-		*	1		1 - YES 2 - NO	
Ä	DID TOBACCO USE CONTI	RIBUTE TO CAUSE					ERTAI	N 🗆		2.		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	A OSPITAL:	26. PLACE	OF DEATN (Ch	eck only one	) 3	_					
YSI	1 TYES 1 NO	1) Inpetient 2   ERI		00A 4	Nursing Ho		eldence	6 ☐ Other (Specify)				_
	27, MANNER OF DEATH  ANALYSIS S Pending	/Month, Day, Ye		INJURY	W	ORK?	Trees	28d. DESCRIBE HOW	INJURY OC	CURED		
	2 Accident Investigation 3 Suitcide & Could and be	29e. PLACE OF INJ	IURY — At hon	ne, farm, street,			] 100	291, LOCATION (Street	and Numbe	r or Runel	Route Number	
COMPLETED BY	4 Homicide Could not be	building, etc. (	Specify)					City or Rown, State				
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5	30. NAME AND ADDRESS OF PERSON WN	COMPLETED CALLES OF	E OFATH /ITEM	OT /Free Orient		-			-		-	-

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Memorial Hospital Medical Building 21502 Cumberland,

Dr. W. Fiscus

31. DATE FILED (MONTH, DW. 1947)

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State of Maryland / Department of Health and Mental Hygiene 96 09400

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ecto				Steve				10a Citizan of l	1 Yes 2 No	
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ошр	Elementery/Secondery (0-12)			life	life. DO NOT use retired)			Horti	culture	
Be			igan		18. Mother's Name (First, Middle, Melden Sumeme) Anne Beatrice McGui					
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			Ctoto	cemetery, cr	emetory or other pi		4/3/96		City or Town, State sonville, MD	
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er.	Immediate Causa (Final disease or condition resulting in death)	a. All				dion	scular	dise	Onset and Deeth	
	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying	b	Due t	o (or es a cons	equence of):					
<b>VMedical</b>	c									
/ Physician	- 11		leath but not	resulting In the	underlying cause g	iven in Pert I.			ntribute to the cause of death 3 Probably 4 (Ptinknow	
	)								24b. Were autopsy findings available prior to completion of cause of deeth?	
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	exeminer?	Hospitel:	Inneticat	DEB/Outpool	ant 20 004 0	thor				
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Sertific		286. PI608	e of Injury - / ling, etc. (Sp	At home, ferm, s ecify)	street, fectory, office	)	28f. Location City or To	on (Street end Number or Rural Route Number, r Town, Stete)		
	29e. Certifier 1□ Certifying F (Check only one) 1□ Medical Ext	aminer: On the b	asis of exam	knowledge, dee inetion end/or	eth occurred at the investigetion, in my	time, dete end p oplnion, deeth	plece, and due to the occurred at the time	e cause(s) end me , date and place,	nner es steted. and due to the cause(s)	
Σ	29b. Signature end-title of certifier	Plan	1			.C.M.E		_	d (Month, Dey, Year)	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 h Certificate of Death 4b,c per F.H. G-734 4/2/96 reb 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year 96 Charles Tash march CHARLES SHIRLEY NASH 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth H Under 1 Year | H Under 24 Hrs. | 8. Date of Birth Hours | Min. | (Month, Dey, Sinai ospita Baltimere N/A 5. Sociel Security Number 6 SAY 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Months 1**X** M 2□ F 215-18-5477 Yrs 73 04/30/1922 VIRGÍNIA Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No MARYLAND BALTIMORE BALTIMORE 10e. Street end Number 10q. Citizen of What Country? 10f. Zip Code 5911 CHARLES STREET 21207 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1∆ Yes 2 □ No If Yes, Give Yeer or Dates: WWII Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Never Married 2 XMarried 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry STROMEN BROS. Elementary/Secondary (0-12) College (1-4or 5+) TRUCK DRIVER/ROUTE SALESMAN 10 CAPITAL BAKERIES 17. Father'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) DAVID NASH ANNIE 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) EDITH E. NASH 5911 CHARLES STREET, BALTIMORE, MARYLAND 21207 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ABuriel 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) GLEN HAVEN MEMORIAL PARK 4/2/96 GLEN BURNIE, MARYLAND 22. Name and Address of Fecility SINGLETON FUNERAL HOME 21. Signeture of Funeral Servica Licanses 1 SECOND AVENUE S.W., GLEN BURNIE, MD 21061 Perf. Enter the disease or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Ceuse (Finel hour disease or condition resulting in death) COYOURT Y Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Coronary bypass arter that initiated events resulting in death) Lest Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy Yes 1 Yes 2 No 2 No 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28h Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending 1 Tyes 2 No Investigation Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

/Medical Examiner ician and buriel-transit physician the buriel Box 68760 2 88 950 P.O. eun signed by t Division of Vital Records. peen hes this funeral of effer death.

Director: After t 24 hours

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r 28a-f show

7 is marked other than "natural", or items 23a or traumstic event, the Medical Examiner must be r

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Heelth and Mental Hydiene. If them 27 is marked other than "natural", or iten any Injury or other traumatin avant.

Physician

Examiner

Physician/Medical

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Completed

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Saltimore, Maryland 21215-0020

Direct

Funeral

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with the Meryland

death

25. Was case referred to medical examiner? 27. Manner of Death 1. Netural 2 Accident 3 Suicide 4 Homlcide Ecartifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end manner as stated. 29e. Certifier (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signeture and title of certifier

1996

29c. License number

29d. Date signed (Month, Day, Year) march 28, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Salomon W mD Neal La Jan de Bratis Hondi 31. Date filed (Month, Dey, Year)

Sinai Hospital, Baltimere, mb

State Registrar

To the I within 2 To the I

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death OL SHINSKY **Physician** CATHERINE 74 29 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Coloumbia H If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Howard County General Hospital
Sociel Security Number
6. Sex
1 M 2 F 7. Age (In yrs. last birthdey)
2/4 24 28/3 1 M 2 F 85 Yrs. Howard 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** Months 214 24 28 13 Director 05 1910 Pennsylvania Usual Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at Maryland Howard Columbia 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? United States 5025-4 Green Mountain Circle 21044 12. Wes Decedent Ever in U.S. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian Armed Forces?

1 Yes 2 No
If Yes, Give
Year or Dates: Black, White, etc. Pages 1 and 2 should be filed within 72 hours efter tent of Health and Mentel Hygiene.
nt: If Item 27 is marked other than "naturel", or ite 1 Never Merried 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 HNo Specify: þ Specify: 3 ☑ Widowed 4 Divorced white Completed 16a. Decedant's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) department store 8 sales 18. Mothar's Name (First, Middle, Maiden Sumame) 17. Father's Name (First Middle Last) Mary Pryzybek Martin Skwirut 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5025-4 Green Mountain Circle Col., Md. 21044 Leonora Kramer, daughter other 20b. Place of Disposition (Name of cemetery, cremetory or other 20a. Method of Disposition 20c. Location - City or Town, State etery, cremetory or other place) 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stete ò Department of Important: If any Injury or once, New Cathedral Cemetery 4/2 4 ☐ Donation \_ 5 ☐ Other (Specify) Baltimore, Maryland ure of Pulprin Service (licensee 22. Name end Address of Feclity Ambrose Funeral Home, Inc. Arbutus 23a. Part1. Enter the disease, or compleations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only the cause on each line. 21227 Approximate Interval Between Onset end Death Physician /Medical Immediata Causa (Final 25.5 diseese or condition resulting in death) Examiner Due to (or as a consaquance of): Examiner rostomo hic be executed physician and as the buriel-trens Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Dua to (or as a consequance of) Box 68760 Physician/Medical Due to (or as a consequence of): ettending p P.O. 1 i signed by the e Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown ceile 2 should b 24b. Wera autopsy findings evaileble prior to completion of cause Completed 24a. Was an autopsy hes certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No **Division of Vital** 80 25. Was case refarred to medical 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Impatient 2 ER/Outpetient 3 DOA this funeral 28c. Injury at Work? 27. Manner of Death Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: After Attending 5 Pending Investigation 1 Natural death. 1 Tes 2 No the f 2 Accident after death Director: 6 Could not be datarmined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 4 Homicida ò To the Reports a within 24 hours a To the Funeral Completely filled hours a 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated. edical 2 Msdlcal Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. (Check only onel 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifier 060 60 5485 30. Nama end address of person who completed cause of death (Itam 23a) (Type, Print) 716 MAIDEN CHOICE ADIL 10100N CH16 31. Dete filed (Month, Day, Year) 32 Registrer's Sta State APR 02

DHMH 16 Rev 6/95

Registrar

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L OR ATTENDING P	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	WPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death with	IMPORTANT: If item 28 is m

	1 - STATE REGISTRAR	TATE OF MARYLAND / I		TMENT OF H		MENTAL HYGIEN REG. NO.	E				
- V	1. DECEDENT'S NAME (First, Middle, Last)			OAIL OI	DEATH	2. OATE OF DEATH MONTH DA	V VE	3. TIME OF DEATH			
- J	CALVERT	E, ODEN	JHI	EIME	K	March 2	7 9				
1		SEX 6. AGE (In yrs. last i	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	(	SIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give street		THO.	OF CITY TOWN C	R LOCATION OF DE	05-14-1	9c, COUNTY	O. C.			
H	UNION MEN	TORIAL HOSPI	ITH(		IMARE		N/				
C	RESIDENCE OF DECEDENT										
DIRECTOR		/A	10c. CITY	r, TOWN OR LOCAT  BALTI	Maria de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya della companya de la companya de la companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya	CITY		10d. INSIDE CITY LIMITS?			
1	10e. STREET AND NUMBER	,			. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
ER/	310 EASTWAY C	OURT			212	12	υ.	S.A.			
FUNERAL	11. MARITAL STATUS 12.	. WAS DECEOENT EVER IN U.S. ARM FORCES? XXYES 2 NO	MEQ			IIC ORIGIN? (Specify Yes	or No.— 14.	RACE — American Indian, Black, White, etc.			
ВУ	YW water at a District	IF YES, GIVE WAR OR DATES	_		XXNO Specify			Specify:			
	15. DECEDENT'S EDUCATION	ON 16a, DEC	EDENT'S	USUAL OCCUPATION	ON:	16b. KIND OF BU		VHITE			
E	(Specify only highest grade com Elementary/Secondary (0-12)		Do NOT us			1					
COMPLETED		YEARS	ACC	COUNTAN		EXX		DRP.			
	17. FATHER'S NAME (First, Middle, Last)	nwa zwa n				ME (First, Middle, Maiden					
BE	FRANK G. OD	ENHEIMER	MAILING	ACRESS (Street a		OLYN EGI	ERTON	-			
2	BURR P.ODENHEIME					, BALTIMOI					
	20a. METHOD OF DISPOSITION  XX Buriel 2 Cremation 3 Removal			OF DISPOSITION (Na	me of	DATE 20c. LO	CATION — City	or Town, Stata			
	4 Donation 5 Other (Specify)	GREE			METERY	4-2 BAI	TO.,N	m.,21202			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	iEE			D ADDRESS OF FA		ID SON	IS COMPANY			
	R. D. Rutt							E,MD.21212			
	23. PART I. Enter the diseases, or com ahock, or heart fellure. List	plications that caused the dea		not enter the mo	de of dying, suc	h as cardiac or resp	ratory arrest	Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition	C \	100	L 1	. 1	A		Onset and Death			
	reaulting in death)	DUE TO (OR AS A CONSECU	UENCE OF	shuct	ive L	ung di	sease	20 years			
-											
5	Sequentially list conditions, If any, leading to immediata  b.  DUE TO (OR AS A CONSEQUENCE OF):										
CA	CAUSE (Disease pr injury C.										
TIF	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  requiting in death) LAST										
CERTIFICATION	d							<u> </u>			
CAL	PART II. Other significant conditions of	0 . 11 - 0			E CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONT	Part !. 24a. WAS AN PEBFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
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PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			S M NO L TH (Check only one)	UNCERTAI	N L					
SIC		OSPITAL: Inpatient 2 ER/Outpatient 3	□ DOA	OTHER:	ne 5 🗆 Raeldence	6 Other (Specify)					
Ήζ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	JURY AT	28d. DESCRIBE HOW	NJURY OCCUR	ED			
BY F	1 Netural 5 Pending 2 Accident investigation	(mount, buy, rour)			YES 2 NO						
ED E	3 Suicide 8 Could not be	26a. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, e	streat, factory, offic	•	261. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,			
ETE											
COMPLET	one)	N: To the best of my knowledge, des									
00	2 MEDICAL EXAMINER: C	On the basis of examination and/or in	nvestigatio	on, in my opinion, c	leath occured at the	time, data and place, a	nd dua to the c	ause(a) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	h M.	. O.		29c. LICENSE NUI	MBER 71	1	GNED (Month, Day, Year) rch 17, 1996			
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM	4 27) (Type	, Print)	100	0 11					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  DINA OARWISH 201 E. University PKWY, Baltimore, MD 21218										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	1. 60								
	RPD 0 2 1996	Julia Davidson Pa	nouse	3							

OHMH-16 Rav 1/89

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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 09404 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Dete of Deeth Month RALPH PRESTON 6:32DM 29,1996 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth SINAI HOSPITAL BALTIMORE CITY If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Day, Year) JAN. 7, 1964 9. Birthplece (State or Foreign Deys 1 M 2 □ F Months Hours 212-70-6629 32 BALTIMORE, MD Usual Residence of Decadent 10b. County 10c. City, Town or Location 10d. Inside City Limits MD N/a BALTIMORE XY Yes 2 No 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 5108 PEMBR IDGE AVENUE 21215 UNITED STATES 12. Wes Decedent Ever In U.S. Armed Forces? 1 Yes 2 No If Yes, Give 11 Marital Status 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien Bleck, White, etc. Never Merried 2 Married 1 Yes 2 No Specify: Specify: BLACK 3 Widowed 4 Divorced Year or Dates 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry BLACK & DECKER Elementary/Secondery (0-12) College (1-4or 5+) LABORER UNITED ARTIST CABLE 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Sumeme) ARTHUR OTIS BURRELL MICHELLE PRESTON 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) **AR THUR** OTIS BURRELL WILLIAM WADE AVE., BALTIMOROE, MD 21222 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete X⊠Buriel 2 ☐ Cremetion 3 ☐ Removel from State ARBUTUS MEMORIAL PARK 4-3-96 ARBUTUS, MARYLAND 4 Donetion 5 Other (Specify) 21. Signature of Fungral Service Licensee 22. Name and Address of Facility WM. C. MARCH FH.-1101 E. NORTH AVENUE he disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, if failure. List only one cause on each line. Intervel Between Onset end Deeth Immedieta Cause (Finel disease or condition resulting in daeth) HIV related infection unknown Due to (or as a consequence of): Overwhelming Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of): 23b. Did tobacco use contribute to the causs of death? 1 Yes 2000 3 Probably 4 Unknown

Physician /Medical **Examiner** 

attending physician and for use as the burial-transit

is certificate has been signed by the a director, page 2 should be detached to

Hospital or Attending Physician:
 24 hours after death.
 Funerel Director: After this certificalety filled in by the funeral director, g

To the Hosp within 24 hou To the Fune completely fil

Medicai

The law requires that the death certificate be executed

Records. P.O. Box 68760,

of Vital

Division

**Physician** 

/Medical

Examiner

**Funeral** 

Director

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Director

Funeral

Be Completed by

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triban "naturel", or items 23s or 28s-4 show the Medical Examiner must be notified at

death v

permit. Pages 1 and 2 should be filled within 72 hours after c Department of Health and Mental Hygiene. Important: If Nem 27 is marked other than "naturel", or item any injury or other traumatic event. In the page 2.

Saltimore, Maryland 21215-0020

Physician/Medical Examiner Be Completed by

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24b. Were sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 25. Wes case referred to medical axaminer? 26. Place of Death (Check only ona) Hospitel: 1 Nnpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 27. Menner of Death Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Investigation Neturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide

29e. Cartifier Certifying Physician: To the best of my knowledga, daath occurred et the tima, data and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and place, and due to the cause(s) end menner steted.

29b. Signeture end titla of certifier Seema Kuricha M.D.

29c. License number

29d. Dete signed (Month, Dey, Year)

AS 2402321 SK 9924 March 29, 1996

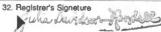
30. Name end eddrass of person who completed causa of deeth (Itam 23a) (Type, Print)

SEEMA KURICHH 31. Dete filed (Month, Dey, Year)

SINAI HOSPITAL OF BALTIMORE

State Registrar

APR 02



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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS,	
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2. DATE OF DEATH oag 6. AGE (In yrs. last birthday) JUNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Jan. 22 96 Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR DECEDENT 10a. STATE 10b. COUNTY Mc CITY TOWN OR LOCATION 10d. INSIDE CITY BALTO, CITY YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP COOE tog. CITIZEN OF WHAT COUNTRY? USA EASTERN AVE 21202 retained by the hospital or attending physician. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES 2 NO Specify: BΥ WHITE 3. Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY detached for College (1-4 or 5+) OWN NA tomemaker Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) OHN ag ag notified at ARANC UNK NOW filled in by the funeral director, page 5 should on, or removal. PETE POG 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PoGGioLi EASTERN AVE 2/202 BALTO 24 hours after death. Page 6 may be Pe 20e. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of examiner must Burlel 2 Cremation 3 Re Y REDEEMER Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FUNERAL HOME HiGH BALTO 2/202 Md. ST 23. PART I. Enter the discusses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. medical Intervel Between **Onset and Death IMMEDIATE CAUSE (Finel** the cremation, disease or condition DUE TO (OR AN A CONSEQUENCE OF): npletely resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): and com burial, o E03 other traumatic CERTIFICATION Sequentially list conditions, 9 If any, leading to immediate cause. Enter UNDERLYING physician Alzheimens DUE PO (OR AS A CONSEQUENCE OF): attending physicia ntal Hygiene prior CAUSE (Diseese or Injury that initiated events resulting in deeth) LAST 10 the atten Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL Signed by the Denyelration AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 | YES 2 | WO Malnutsts Shows m 1 YES 2 NO t. of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO Z UNCERTAIN Dept. 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERBED TO MEDICAL HOSPITAL: the State OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO patient 2 ER/Outpatient 3 DOA 10 DIRECTOR: After this certif hours after death with the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, 1erm, atreet, 1ectory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 49 COMPLETED 6 Could not be 4 Homicide 28 datermined tem 29a. CERTIFIER 11 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(e) and manner as stated. THE HOSPITAL (
) THE FUNERAL D

filed within 72 h TO THE FUNERAL I
DE RIED WITHIN 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as started. 29b. SIGNATURE AND TITLE OF CERTIFIER LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE ( badina) 14315 3 96 M 30 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) N. BRONDWAY M. OBADINA MB. 100 BALTO 21231 31, DATE FILED (Month, Day, Year)

APR 0.2 1996 32 AEGISTRAP'S SIGNATURE DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

#### Please Type or Print In Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death per F.H. G-734 4/2/96 reb 1. Decedent's Nema (First, Middle, Last) 2. Dete of Death 3. Time of Death Brenda XX. Month Peyton 1996 March 31 0310 am 4a. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death UNIVERSITY OF MARYLAND HOSPITAL BALTIMORE N/A if Under 1 Yaar if Undar 24 Hrs. Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Year, 08/14/1947 5. Sociel Sacurity Number 6. Sex 7. Aga (In yrs. lest birthdey) 9. Birthpieca (Stete or Foreign 1 M 200 Months VIRGINIA 48 Yrs. 225-68-1626 Usual Rasidence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 408 LUTHER ROAD U.S.A. 21061 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No if Yes, Give Yeer or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No If Yas, specify Cuben, Mexican, Puarto Rican, atc.) 14. Rece - American Indian, Bleck, White, etc. 11. Marital Status 1 Nevar Married 2 Married 1 Yes 2 No Specify: Specify 3 ☐ Widowed 4 ☐ Divorced WHITE 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 N/A CORRECTION OFFICER J.P.R.U. HOUSE OF 18. Mother's Neme (First, Middle, Melden Sumema) CORRECTION 17. Fether's Nema (First, Middla, Last) UNKNOWN MARIE PEYTON 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) PATSY J. SCHAFFER 408 LUTHER ROAD, GLEN BURNIE, MARYLAND 21061 20e. Method of Disposition 20b. Piece of Disposition (Nema of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removal from Stete 4/3/96 BROOKLYN PARK, MD 4 ☐ Donetion 5 ☐ Other (Specify) CEDAR HILL CEMETERY 21. Signature of Eyneral 22. Name end Address of Fecility SINGLETON FUNERAL HOME 1 SECOND AVENUE S.W., GLEN BURNIE, MD 21061 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart feilure. List only one ceuse on each line. Approximeta Intervel Between Onset end Death Immediate Cause (Final 2 years . acute myelogenous leukemia disaasa or condition resulting in deeth) Due to (or es e consequence of): Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events rasulting in death) Lest Due to (or es e consequence of): Due to (or es a consaquance of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to 24e. Wes en autopsy completion of cause of deeth? 1 Yas 2 No 1 Yes 2 No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1XInpatient 2□ER/Outpatient 3□ DOA

**Physician** /Medical Examiner

permit. Peges 1 and 2 should be file Department of Heelth end Mental Hy Important: If Item 27 is marked other any linjury or other traumatic event potes.

**Physician** 

/Medical

**Examiner** 

Director

Funeral

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Completed

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**Funeral** 

Director

e filed within 72 hours after death with the Maryland all Hyglene.
other then "natural", or flems 23a or 28a-1 show

Baltimore, Maryland 21215-0020

7 is marked other than "natural", or flems 23a or 28a-f shor traumstic event, the Medical Examiner must be notified at

buniel-transit and ettending physician the been signed by the should be deteched hes certificate director, this After

The law requires that the death cartificete be executed

P.O. Box 68760

Division of Vital Records,

Attending Physician:

death

Director: filled in by the

To the Hone Within The To the Fune completely fi

Examiner Physician/Medical by Completed Be Certification: To

Medical

25. Was case referred to medical 1 Yes 2 No Menner of Deeth

Naturel 5 Panding 2 Accident 3 Suicide 6 Could not be determined 4 Homlcide

Investigation

snamanen MD

28e. Dete of Injury (Month, Day Year)

28b. Time of

28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

28d. Describe how injury occurred

28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete)

Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and menner as stated.

| Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end manner stated. (Check only one) 29b. Signature end title of certifier

29a. Certifier

P097-44

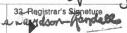
29c. License number

29d. Data signed (Month, Day, Year) March 31, 1996

30. Neme and address of person who completed cause of death (Item 23e) (Type, Print)

Michelle A. Juaneza Univ. of Marylana 22 3. Greene St. Baltimore, MD 21201

State Registrar 31. Dete filed (Month, Dey, Yeer) APR 0 2 1996



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### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dale of Death 3. Time of Death Dey Month Year LOUISE RIEBEL MARCH 27,1996

2:30 pm

**Physician** /Medical **Examiner** 

4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death CHURCH HOME BALTIMORE If Under 1 Year H Under 24 Hrs. 8. Dele of Birth Hours Min. (Month, Day, Year) 5. Social Security Number 8. Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Days 1 M XX 212-22-2712 94 Yes Director MARYLAND 05-23-1901 Usual Residence of Decedent with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Pages 1 end 2 should be filed within 72 hours after death with the Merylen nent of Heeith and Mental Hygiene. stat: if Rem 27 ie marked other than "natural", or Rema 23a or 28a-f show ury or other traumetic event, the Medical Examine: must be notified at MD. N/A BALTIMORE CITY XX Yes 2 No Director 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 101 NORTH STREET 21231 BOND U.S.A. Funeral Was Decedent Ever in U.S. Armed Forces? 1 Yes A.No If Yes, Give Yeer or Dates: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11 Marital Stelus 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes X No Specify: à ¥X Widowed 4 □ Divorced Specify: WHTTE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use refired) 15. Decedent'e Education (Specify only highest grade completed) 16b. Kind of Buainess/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOUSEWIFE OWN HOME 12 YEARS 18. Molher's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) Be GEORGE RITTLE MARTIN BARBARA 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code, GLADYS PARRA (P.O.A.) 101 N.BOND STREET, BALTIMORE, MD., 21231 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Slete permit. Pages Department of Important: If Its any Injury or o PARKWOOD CEMETERY 3-29-96 PARKVILLE, MD. 21234 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee HENRY W. JENKINS AND SONS COMPANY 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 4905 YORK ROAD, BALTIMORE, MARYLAND, 21212 Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) a CHRONIC BRAIN SYNDROME YEARS Examiner Due to (or as a consequence of): Examiner A.S.C.V.D. YEARS physician and the buriel-transit the death certificate be executed Sequentially list conditions, if ony, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) 98 980 jo signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably X Unknown þ 24b. Were sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 s has XXNo certificate 1 Yes 1 ☐ Yes 2 ☐ No Attending Physicien: funeral director, 25. Was case referred to medical examiner?

1 Yes No Be 28. Place of Death (Check only one) Hospitel: Other: Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpalient 3 ☐ DOA After this 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of Injury 28d. Describe how Injury occurred Certification: 28c. Injury at Work? XXNatural 5 Pending investigation s'after death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide ò Mospital of 24 hours a Funerel D edical XX Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner steted. 29a. Certifier completely (Check only one) within 2

State Registrar

31. Date filed (Month, Day, Year)

NAZAMI

29b. Signature and title of certifier

Monne 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

32. Registrar's Signature

M.D., CHURCH

Ilia Day door

29c. License number

D 17322

HOSPITAL, BALTIMORE, MARYLAND, 21231

29d. Date signed (Month, Day, Year)

MARCH 27,1996

96-1450-510 Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 ITEMS: 23PART I, 27,28a-f, PER CTP MEO FILM G-736 6/5/96 t.t Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3 Time of Death Month **Physician** MARCH 18, 1996 DONOVAN RORIE 9:32AM /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ST. AGNES HOSPITAL BALTIMORE BALTIMORE CITY If Under 1 Yaar If Undar 24 Hrs. 8. Hours Min. Data of Birth (Month, Day, Year) 9-22-1995 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthpiaca (State or Foreign Country) **Funeral** Months 1 € M 2 □ F Days 26 0 Yrs. 216-45-5970 **Director** MD Usual Rasidance of Decedant the Maryland 10a Stata 10c. City, Town or Location 10b. County 10d. Insida City Limits ir than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at X Yas 2 □ No Director BALTIMORE CITY BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3920 WOODRIDGE 21229 U.S.A. death Funeral 14. Raca - American Indian, Black, Whita, atc. 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status e filed within 72 hours after al Hygiene. 1 Nevar Married 2 Married 1 ☐ Yas 2 🏋 No If Yas, Giva Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: AFR. AMERICAN à 3 Widowed 4 Divorced Yaar or Datas: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Spacify only highest grade completed) 16b. Kind of Businass/Industry Elamentary/Secondery (0-12) College (1-4or 5+) Ω 0 N/A N/A traumatic event. 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Be 12 should be fi h and Mental H is marked of ERNEST RORIE 2 CHENITA DENNIS 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 st Department of Health and Important: If flem 27 is n any injury or other traun CHENITA DENNIS (MOTHER) 3920 WOODRIDGE RD. BALTIMORE MARYLAND 21229 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 Nourial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 3/23/1996 WESTERN STAR CEM. CATONSVILLE MD 21. Signature of Funeral Service Licensi 22. Nama and Addrass of Facility ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO. MD 21217 Part Epitr the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death Physician /Medical edita Cause (Final NO ANATOMIC OR TOXICOLOGIC CAUSE OF DEATH reade or condition Examiner Dua to (or as a consequence of) Examiner Sequentially list conditions, if any, laading to immadiata cause. Enter Undarlying Ceusa (Disaasa or injury that initiated avants resulting in deeth) Last and tran Dua to (or as e consequence of) physician sthe buriet Box 68760 certificate be Physician/Medical Dua to (or as a consequence of) 88 950 Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? O signed by t 1 Yes 2 No 3 Probably 4 Unknown þ Records, 24b. Wara autopsy findings available prior to complation of causa of daath? 24a. Was an autopsy Completed need has 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐ No Division of Vital 25. Wes case refarred to medical examinar?
Xi Xi Yas 2 □ No 8 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 HEV/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 funeral 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: Attending 1 Natural 5 Panding UNKNOWN death. 1 ☐ Yas 2 X No Investigation 2 Accident FOUND 3/18/96 tal or Attend rs after death ral Director: / UNKNOWN 6XX Could not be detarmined 3 Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At homa, farm, streat, fectory, office building, atc. (Specify) 4 Homicide 3920 WOODRIDGE AVE. Fungral 1 Cartifying Physician: To the best of my knowledge, daeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 9 6 29a. Certifier Medical (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) O.C.M.E. MARCH 19, 1996 Us pros reador w 30. Name end addrass of person who complated cause of teach (Item 23e) (Type, Print) 31. Date filed (Mongos, Year)

APR 0 2 1958, Year)

111 Penn Street, Baltimore, Maryland 21201

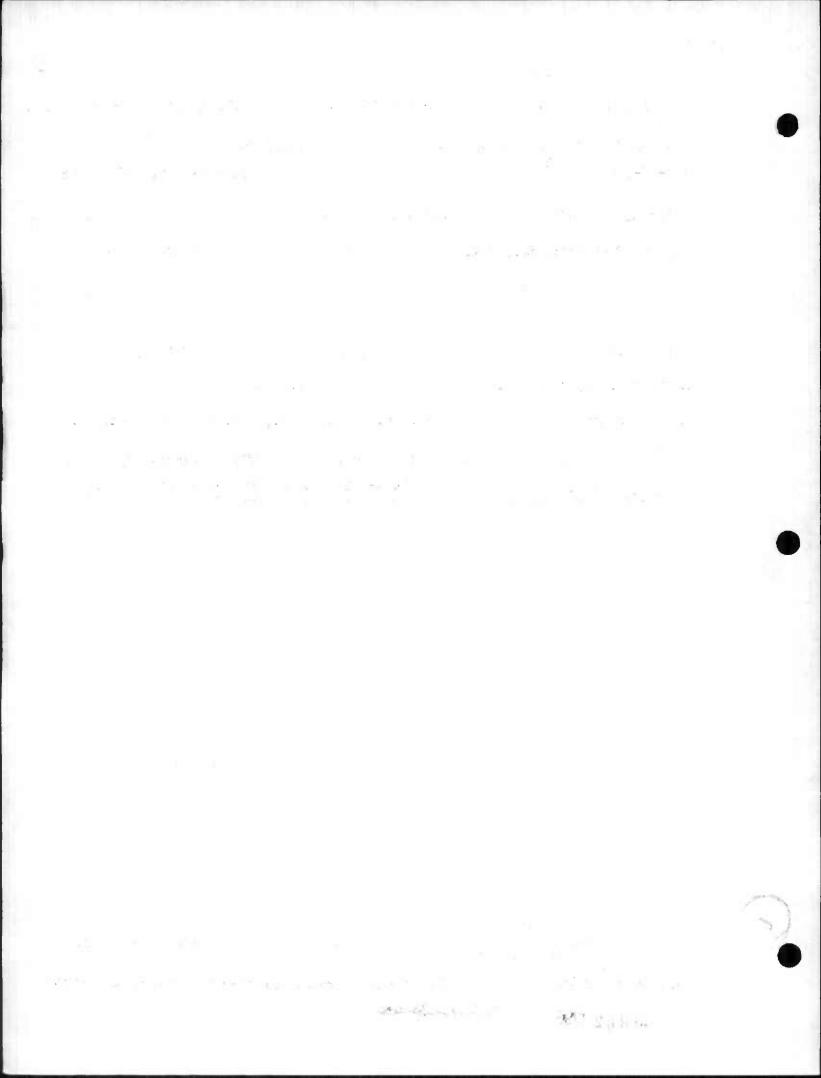
State Registrar

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		Item: 18, per F'.H. G-  1. Decedent's Nema (First, Middle, Las			rificate of			Reg. No.	0 0,	409	
Physici /Media	cal	ANTHONY -	J.	RAJEV	ICH Jr.	41. Ohn Trum and	MARCH	30°, 1	996 3:	ime of Death 44 PM	
Examir Funeral Director	ner	4a. Facility Neme (If not institution, give  JOHNS HOPKINS  5. Social Security Number  222 → 09 → 1111  Usuel Residence of Decedent	HOSPITAL I	vrs. iast birthday)	If Undar 1 Year Months Days	BALTIN If Under 24 Hrs. Hours Min.	ORE	N/A	9. Birthplace (S	_	
f show	or	10a. State 10b. County  Delaware N/A		City, Town or Loc							
items 23s or 28s-f show iner must be notified at	Funeral Director	10e. Street end Number 1420 West Franklip	St. Apt.	9	10f. Zip Code 19806						
0 🖺	by Funera	11. Meritel Stetus  1 Nevar Marriad 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in Armed Forcas? 1. ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: WW	1	es Decedent of l Yas, specify Cub	dispenic Origin? (S an, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)	Ac. County of Death  N/A  ate of Birth Agnith, Day, Year, 1921  10d. Inside City Limits 10d Yes 2 No  10g. Citizan of What Country? United States  (so of No- Bleck, Whita, atc. Specify: White  16b. Kind of Business/Industry  Delmarva Power  St. Middle, Meiden Sumeme)  ANASTASIA MESLIAK  Alte Number, City or Town, Stata, Zip Code)  12 Of Wilmington, De. 1980 of the 20c. Location - City or Town, State  20c. Location - City or Town, State  20 Farnhwrst, Delaware  20 Dundalk, Inc.  Ialk, Maryland 21222  Diretory errest, Approximate interval Between Conset and Deeth  Disease  24b. Ware autopsy findings available prior to complation of cause of death?  1 Yes 2 No  1 Yes 2 No  1 Yes 2 No  1 Yes 2 No			
d other than "natural", event, the Medical Exa	Completed	15. Decedent's Edi (Specify only highest grad Elementery/Secondery (0-12)	ucation	18e. Decede (Give k life. De	nnt's Usual Occup ind of work done O NOT usa retire CCHINIS T	pation during most of wor d)	king		,		
	To Be C	17. Fether's Neme (First, Middle, Last) Anthony J. Rajevic	ch, Sr.	.,		18. Mother's Nen					
27 is marked other or traumatic event, I	-	19e. Informent's Name/Reletionship (T. Mary Rajevich	ype, Print)			end Number or Ru	ral Route Numbe	er, City or Town,	Stata, Zip Code)		
te do		20e. Mathod of Disposition  1 XBuriel 2 Cremetion 3 1  4 Donetion 5 Other (Specify,	nemover nom Stete	b. Plece of Disposicementary, cremit	ition (Neme of story or other ple	ce)	Deta	20c. Location -	City or Town, Sta	ate	
any injury or one.		21. Signeture of Funerei Service Licens	see								
physician and the burial-transit the burial-transit	dical Examiner	immediete Ceuse (Final disaesa or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. — Due to	lerotic o (or es a consequ o (or es a consequ o (or as a consequ	ence of):	ovascula	ar Dise	ase			
the attending p	Physician/Me	Part ii. Other significant conditions co	dntributing to death but not	resulting In the und	larlying cause giv	ven in Pert i.	23b. Dld 1	obacco use co	ntributs to the ca	use of death	
igned by be detac	by									/~	
page 2 should	Completed						perfo	med?	complatio of death?	n of causa	
director, pag	Be Co	25. Wes case referred to medical exeminer?				26. Placa of Dea		1	1 L Yes	2L No	
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completely filled in by the	Certification:	3 Suicide 6 Could not be datamined	28e. Piece of Injury - A building, etc. (Spe	t home, ferm, stree ecify)	et, fectory, office		28f. Location (5 City or Tox	Street and Numb m, Stata)	er or Rural Route	Number,	
ietely fii	edical	29a. Certifiar (Check only one)	elcian: To the best of my liner: On the basis of exam and menner steted.	nowiadge, deeth of inetion and/or inva	occurred et the tir stigation, in my o	ma, data and piace pinlon, deeth occu	, end due to the or rred at tha tima,	ceuse(s) end me data and piace,	ennar as stated. and due to the ca	use(s)	
comp	Me	29b. Signatura and title of certifier	2,2		29c. Licens	a number		-	d (Month, Day, Yo		
Sta		30. Nema erid address of person who to Ann Dixon M.D.  31. Dete filed (Month, Dey, Yeer)			nn Stre	eet, Bal	Ltimore	, Mary	land 2	1201	

DHMH 16 Rev 6/95



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State of Maryland / Department of Health and Mental Hygiene Q & 001.10

			Certificate of Maryland / Department of			J. No.	9410
	Physic	an	1. Decedent's Name (First, Middle, Last) George A. Rodenhi		2. Deta of Death Month	Dey Yeer	3. Time of Death
	/Medi	cal	4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Loc		9, 1996	4:00 Am
A	Examir	ner	1314 Birch Avenue	Arbutus	ation of Deeth	4c. County of Death Baltimo	
	Funeral Director		5. Social Sacurity Number 6. Sax 20 F 7. Aga (In yrs. lest birthday) 1 Undar 1 Ya Months Day	uar If Under 24 Hrs. ys Hours Min.	8. Date of Birth (Month, Dey, Y	(ear) 9. Birth Cou 1914 Mar	plece (Stete or Foreign ntry)
	pur *		Usual Residence of Decedant  10e. Stete 10b. County 10c. City, Town or Location				10d. Inside City Limits
	Menyla F aho	ট্	Maryland Baltimore Arbutus				1 ☐ Yes 2 ŒNo
	r 28s	Directo	10e. Street and Number 10f. Zip Code	a	100	g. Citizen of Whet Cou	intry?
	23a c		1314 Birch Avenue 2	1227	Un	ited Sta	tes
020	within 72 hours after death with the Meryland ene. than "natural", or items 23s or 28s-f show he Medical Examine pust be modified at	by Funeral	11. Marital Stetus  1 Never Merried  2 Married  3 Widowed 4 Divorcad  12. Was Decedent Ever in U,S. Armed Forces?  1 Yas 2 No ff Yas, Give Yeer or Detes:  13. Was Decedent of If Yas, specify C	of Hispanic Origin? (Speculos, Mexican, Puerto Fi No Specify:	n? (Specify Yes or No- Puerto Rican, atc.)  14. Race- Bleck,  Specify:		, etc.
2-0	72 hours "natural",	ted	15. Decedent's Education (Specify only highest grade completed)  [Give kind of work do iife. DO NOT use ref.	cupation	16	Bb. Kind of Business/Ir	
21215-0020	I within 72 ho jene. r than "natur for Medical	Completed	Elementary/Secondery (U-12) College (1-4or 5+)	na auring most or workin ired)	ng .	Wooding	hanas
d 2	Hygin the		12 Machinst 17. Fether's Neme (First, Middle, Last)	18. Mother's Neme	(First, Middle, Me	Westing	nouse
lan	should be nd Mentel marked o	To Be	Jessie Rodenhi	Rebecca			
Maryland	12 should h and Men 7 is marke treumetic	-	19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Stre	eet end Number or Rural	Route Number, (	City or Town, State, Zi	p Code)
	D = 12 =		Catherine Rodenhi, wife 1314 Birch		rbutus,	Marylan	d 21227
Baltimore,	8 6 2 2		20e. Method of Disposition  1 XBurial 2 ☐ Cremetion 3 ☐ Ramovel from Stete	olece)		c. Location - City or T	
Him	P P P		4 Donetion 5 Other (Specify) New Cathedral  21. Signature of Funerel Service Licensee 22. Neme and Add		4/1 E	Baltimore	, Marylan
Ba	Departr Importa any Inje		Ambrose	Funeral !	Home, I	inc. Ar	butus 227
		0	23a Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of a shock, or heart feilure. List only one cause on each line.	tying, such as cardiec or	respiretory erres	it,	Approximete Intervel Between
	Physician /Medical Examiner	) Je	Immediete Cause (Finel disaesa or condition resulting in deeth)  a. Cache Muscada  Due to (or an aconsequence of):	I hefare	low		Onsat and Death
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Divis	on Atte after de Directo I in by ti	Certification:	3 ☐ Suicide 4 ☐ Homicide  6 ☐ Could not be datermined  28e. Place of Injury - At home, ferm, straat, factory, office building, etc. (Specify)	;а 21	8f. Location (Stre City or Town,	et and Number or Run Stete)	al Route Number,
	Hospital     24 hours     Funerel     Idetely fillec	edical (	29e. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, daeth occurred et the 2 Medicat Examiner: On the basis of examinetion end/or investigetion, in my and menner stated.	time, dete end plece, er y oplnion, deeth occurre	nd due to the ceu d et the time, dete	se(s) and manner as s e end plece, and due t	stated. to the cause(s)
n	To the comp	Me	29b. Signeture and title of certifier 29c. Lice	ense number		I. Dete signed (Month,	
1	1		Th USICIAN	16200	3	3-29-9	6
45			30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  720 "C" MAIDEN CHOICE LA. BALTO	Mo.	21228		
	Sta	te	31. Date filled (Month, pay Year) APR 02 1996	. 1 . 2			
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State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** GRACE REYNOLD ! 8:05 PM MARCH /Medical 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Saini Hospital N/A Baltimore 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. Birthplece (State or Foreign Country) **Funeral** Months Devs Hours 1□M 2XF 217-18-5656 Yrs Director 75 Aprill9, 1920 Maryland Usual Residence of Decadent 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Directo Maryland Baltimore Lansdowne the 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 2508 Gelb Avenue 21227 United States Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Status 14. Rece - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygiene. Important: If flem 27 is marked other than "natural", or itel eny injury or other traumatic event, the Merican F. 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 clerk drug Store 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Samuel Marino Rosaria Bataglia 2 19e. informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2508 Gelb Avenue Lansdowne, Maryland 21227 William Reynolds, husband 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Meadowridge Memorial 4/2/96 Dossey, Maryland 21. Sighallan of Foodral Service Licensee 22. Name end Address of Fecility Ambrose Funeral Home of Lansdowne 2719 Hammonds Ferry Road 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest shock, or heart feilure. List only doe cause on each line. Approximete Interval Between Onset end Deeth **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical ATHEROSCUEROTIC CORONARY ARTERY DISEASE Examiner Due to (or as a consequence of): Examiner CHRONIC OBLUSTICATE PUUMONARY OUFASE physician and s the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as e consequença of): attending p Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? Ž RECOUT CORDWARY ARTERY BYPHI GRAFT WITH 1 Yss 2 No 3 Probably 4 Unknown bengis d be det by 24b. Were sutopsy findings evallable prior to completion of cause of death? 24a. Was an autopsy performed? Completed ADRIL VALVE REPLACEMENT (3/29/94) peed page 2 RLEEDING 1 Yes 2 No 1 Yes 20 No certificate Hospital or Attending Physician: 24 hours after death. 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28e. Dete of Injury (Month, Dev Year) 28c. Injury at Work? After 1 Seturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No To the Hospital or Attendition within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the cause(s) end menner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end menner stated. Medical 29e, Certifier 29b. Signeture end title of certifler 29c. License number 29d. Date signed (Month, Day, Year) AS2402321 PS9945 MARCH 29 1996 30. Name and eddress of person who completed cause of deeth (ftem 23a) (Type, Print) PAUL SEGAL, DO WALVAR BAUTMORE MARY LAND THOI MELL BELVEDELLE 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State Julia Davidson Bondo Registrar 1996

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 96

09412 Certificate of Death Item: 4c,7 per F.H. G-734 4/2/96 reb 1. Decedant's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Deeth ROBEY NANCY MONTH MARCH **Physician** 7.12 PM ELIZABETH /Medical 4e. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** HARBOR HOSPITAL CENTER BALTIMORE BALFIMORE NIA H Undar 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2\ F -63 Yrs. 213-28-7537 Director 01/14/1932 MARYLAND Usuel Rasidanca of Decedant 10e State 10b. County 10c City Town or Location 10d. Inside City Limits -hou r than "natural", or items 23a or 28a-f show the Madical Examiner must be notified at MARYLAND ANNE ARUNDEL 1 ☐ Yas 2 XNo Director GLEN BURNIE the 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 105 CHALMERS AVENUE - FERNDALE 21061 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indien. Bleck, White, etc. 1 ☐ Yes 2 No If Yes, Giva 1 ☐ Never Merried 2 X Married Saltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: 2 3 Widowed 4 Divorced WHITE Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. Elamantary/Secondery (0-12) Collega (1-4or 5+) permit. Pages i and 2 should be filled with Department of Health and Mentel Hygien Important: if item 27 is marked other the any injury or other traumests. N/A TEACHER NURSERY SCHOOL 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Malden Sumama) Be WILLIAM GREEN MYRTLE BRYANT 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) RAYMOND L. ROBEY, JR. 105 CHALMERS AVENUE, GLEN BURNIE, MARYLAND 21061 20b. Placa of Disposition (Name of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State MEADOWRIDGE MEMORIAL PK. 4/1/96 ELKRIDGE, MARYLAND 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name and Address of Fecility SINGLETON FUNERAL HOME 21. Signature of Funerel Service Licansee 1 SECOND AVENUE S.W., GLEN BURNIE, MD 21061 23a. Part1. Entar the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** MASSIVE PULMONARY EMBOLISM Immediata Causa (Final 6 WEEKS diseasa or condition rasulting in death) Examiner HYPERCOAGULABLE STATES Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants resulting in daath) Last Dua to (or as a consequence of) pue physician s the buria CARCINOMA LUNG Box 68760 Physician/Medical Dua to (or es a consequança of) P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown CONGESTIVE HEART FAILURE, DIABETES, Records, þ 2 24b. Ware autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy HYPERTEN)SION 1 Tyes 2 To No 1 Yas 2 No certificate Division of Vital for Attending Physician: after death. 25. Was case rafarred to medical Be 26. Placa of Death (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred After 1 Natural 5 Pending after death.

Director: After din by the fundament 1 Yes 2 No Invastigation 2 Accidant 6 Could not be determined 3 ☐ Sulcida 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - Al homa, ferm, straat, factory, office building, atc. (Spacify) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifier 29b. Signature end titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) My Wacks\_PGYI INTERN MEDICINE AS 244/6/4-19 MARCH 28, 1996 30. Nama and address of person who completed cause of death (Itam 23a) (Type, Print) BINU CHACKO, 3001 S HANDUCK STREET, HARBOR HOSPITAL, BAZTIMORE, MD 31. Data filad (Month, Day, Year) na Day do State 1996 APR 02 Registrar

**DHMH 16 Rev 6/95** 

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State of Maryland / Department of Health and Mental Hygiene

09413

					Certificate of	f Death	F	Reg. No.	O I	09413
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	/Medi		CAROL J. S	TEMPLE			MARCH	23, 199		03:16P.M.
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	Funeral Director			Sex 7. Aga (In yrs. 1	Yrs. Months Day		8. Data of Birtl (Month, Da)	7, Year) 20,1938		piaca (Stata or Foraign ntry) t Virginia
	ylend		10a. Stete 10b. County	10c. Cit	ty, Town or Location				1	10d. Inside City Limits
	Mar Mar	to	Maryland Anne	Arundel	Pasadena					1 ☐ Yas 2 ☐ No
	or 28	Director	10e. Street and Number		10f. Zip Code	Ω.		10g. Citizen of \	What Cour	ntry?
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	terns terns	Funerai	11. Maritel Status	12. Was Decedent Evar in U Armed Forcas?	,S. 13. Was Dacedent of If Yes, specify Cu	Hispanic Origin? (Sp ben, Maxican, Puarto	ecity Yas or No- Rican, atc.)	14. Rec Blac	e - Americ ck, Whita,	can Indian, atc.
21215-0020	within 72 hours after death with the Maryland ene. than "naturel", or items 23s or 28s-f show he Modical Exeminer must be notified at	Completed by F	1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas:	1□Yas 2□N	o Specify:		Specify	/: W	hite
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2	shoul mark mett	2	19e. Informant's Name/Ralationship		19b. Malling Address (Stre	et and Number or Rur			Stata. Zir	n Code)
	D = 1 =		Mr. Harold Lee		1119 Odentor					
re,	- 4 5 5		20a. Mathod of Disposition	20b. F	Place of Disposition (Nama of cematary, crematory or other p		Data	20c. Location -		
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	Physician		andox, or near radure. List only	one cause on each lina.		1,			1	Interval Between Onset and Death
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В	Examiner		rasulting in death)	a f	or as a consequence of)	N .				304
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	icete be executed physician and s the burial-transit	Examiner	Sequentially list conditions,	Due to (c	or as a consaquance of):					
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x 68760,	E 0 8	Medicai	that initieted evants resulting in death) Last							
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ō	this aldi	.To	1 Yas 25 No 27, Mennes of Death	1 ☐ Inpatient 2 ☐	Ervoulpatient 3LI DOA		ma 5 Rasid			(5)
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DIVISION	pital or Attending ours after death. eral Diractor: After filled in by the fune	Certification:	3 ☐ Suicida 6 ☐ Could not b	00 00- 01	oma, farm, straet, fectory, office		28f. Location /S	Street and Numb	er or Run	al Route Number.
	P S S	enti	4 ☐ Homicida datarmined	building, etc. (Specify	y)		City or Tow			
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	/Medic								March Location of Dee		996	
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		15	5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) If Under 1 Months 73 Yrs.					if Under 24 Hrs	-			
and			Usuel Residence of Decedent  10a. Stete 10b. County		10c, City,	City, Town or Location					1.	10d. inside City Limits
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no no sees			20e. Method of Disposition  XX☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specification of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control		cen	ce of Disposition (A netery, cremetory o n Park Ceme	r other ple		Dete 996	20c. Location -		
Baltir permit. P			21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Charles L. Stevens Funeral Home 1501 E. Fort Avenue, Baltimore, Maryla								e, Inc. and 21230	
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P. D.		Completed by Physician/M	Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.						23b. Did tobacco use contribute to the cause of			
COLC										s an autopsy ormed?	autopsy ad? 24b. Were sutopsy findings available prior to completion of cause of death?	
E 4										1□Yes 火泉炒 1□Yes 2□		
= = = = = = = = = = = = = = = = = = =		Be	25. Wes case referred to medical examiner?	26. Place of Death (Check only one)								
of Vita Physician:		10	1 ☐ Yes 25 No	Hospital: 1   inpatient 2   ER/Outpatient 3   DOA   Other: 4   Nursing Home 5   Mesidenca 8   Other (Specify)								(hy)
E Bu		ertification:	27. Menner of Death  1 Auturel 5 Pending  2 Accident investigation	n M 1			28c. inju Wo 1 🗆	ory et 28d. Describe how injury occurred ork?  Yes 2 □ No				
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State of Maryland / Department of Health and Mental Hygiene Q

		Certificate of Death Reg. No.	30 03413
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Funeral Director		NORTH CHARLES  5. Social Security Number 220-18-3667  1 M 2 XF  96  Yrs.  BALTO.  BALTO.  BALTO.  BY Under 1 Yeer If Under 24 Hrs. Min. Months Days Hours Min. Min. Min. Month, Dey, Year)  (Month, Dey, Year)	County of Death  BALTO. CITY  9. Birthplece (State or Foreign VIRGINIA
Maryland f show	or	Usuel Residence of Decedent  10e. Stata 10b. County 10c. City, Town or Location  MD BALTO. CITY BALTIMORE	10d. fnside City Limits 1 □ Yes 2 □ No
within 72 hours after death with the Maryland lane. than "natural", or items 23s or 28s-1 show the Madical Examiner must be notified at	Funeral Director	10e. Street end Number  10f. Zip Code  10g. Citiz  1705 WESTWOOD AVE  21217  11. Marital Status  12. Was Decedent Ever in U,S. Armed Forcas?  13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)	zan of What Country?  S.A.  14. Rece - American Indien,
nours after	by	3 ☐ Wildowed 4 ☐ Divorced Yaar or Detes:	Black, White, etc.  SpecifyAFR. AMERICAN
77 75 1-1-1	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondery (0-12) 12  18e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)  UNKNOWN  16b. King (Give kind of work done during most of working life. DO NOT use retired)  UNKNOWN	nd of Business/Industry
be file d othe	To Be C	17. Fether's Neme (First, Middle, Last)  18. Mother's Name (First, Middle, Meiden State of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the C	Sumeme)
		19a. Informant's Neme/Reletionship (Type, Print)  REV. AGGIE M. ALSTON (DAUGHTER)  19b. Meiling Address (Street end Number or Rural Route Number, City or 1705 WESTWOOD AVE. BALTO. MD 2121	17
Demit. Pages 1 ar Department of Hea Important: If Item 2 Inly Injury or other ands.		WESTERN CEMETERY 4/2/1996 BALT	Cation - City or Town, Steta
Depart (mpour)		21. Signature of Funeral Service Licenses  22. Name and Address of Fecility ESTEP BROTHERS FUNERAL HOME F 1300 EUTAW PLACE BALTIMORE MI	0 21217
Physician /Medical Examiner	ь,	Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition rasulting in deeth)  e. ARA I I M C  Due to (or as a consequence of):	Approximate Interval Between Onset and Death
eath certificate be executed attending physician and I for use as the burlat-Iransit	n/Medical Examiner	Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest  b. HyperKspemia Dua to (or as a consequence of):  C. Renci Failure Due to (or es e consequence of):	1 minute 8 Hours
hat the d	Physician/M		use contribute to the cause of death
faw requires that as been signed b	Completed by		24b. Were autopsy findings aveileble prior to completion of cause of daeth?
Physician: The law requires the certificate has been signed and desired the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificate has been signed by the certificat	Be Com	25. Wes casa raferred to medical axeminer? 26. Place of Death (Check only one)	No 1 □ Yes 20 No
or Attending Physicather death.  Olrector: After this of in by the funeral directors.	Certification: To	1   Yes 2   No	y occurred  d Number or Rural Routa Number,
Houpers Funeral letely filed	edicai Ce	29a. Certifier (Check only one)  Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, and due to the causa(s) (Check only one)  Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, and due to the causa(s) and menner steted.	and menner as steted. plece, and dua to tha causa(s)
To the	Me		a signed (Month, Dey, Year) 28/96
St Regist	ate rar	30. Name and address of person who completed cause of death (Itam 23e) (Type, Print)  ROBERT K. Roby M. D. 2735 North Charles STREET Be. 11  31. Date filed (Month, Day, Year)  June 1996  June 1996  June 1996	imone MD 2/218

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				State of M	aryland		artment of H		nd Mental H	ygiene Reg. No.	96	0941	6
	Physic		Decedant's Neme (First, Middle, Last)     Agnes		S	MITH			2. Data of D Month April		6 Yeer	3. Time of D	
Ì	/Medi Examir		4a. Facility Name (If not institution, giva s Franklin Square					4b. City, Tow	m, or Location of Dee	th 4c. Cou	nty of Death		
	Funeral Director		5. Social Sacurity Number 6. Sex 212-03-3759 1□	A-	9e (In yrs. le 81	est birthdey) Yrs.	If Under 1 Yaar Months Deys	if Undar 2 Hours	Min. (Month, E	irth Pey, <i>Year)</i> 10 , 1914	9. Birth Cot Mar	npiaca (Stete or I	Foreign
	72 hours after death with the Maryland natural, or items 23e or 28a-f show digal Examine, must be notified at	tor	Usuel Residence of Decedent  10e. Steta 10b. County  Md Baltimos	re	10c. City,	Town or Lo	cation					10d. inside City	
	vith the	Director	10e. Street end Number				10f. Zip Code			10g. Citizen (	of What Cou	untry?	
	death death	Funeral	200 West Rd  11. Maritai Status 1	2. Was Decedent	Ever in U,S	6. 13. <u>V</u>	2122 Vas Decedent of H		In? (Specify Yas or N Puerto Rican, etc.)	USA 10- 14. F		ican Indien,	
0050	ours after ral', or its	by	1 ☐ Never Merried 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	Armed Forces?  1 ☐ Yes 2 ☐ If Yas, Giva Yeer or Datas:			r Yes, specify Cub-	sn, mexican, Specify:	Puerto Hican, etc.)	Spe	ollack, White	ite	
Maryland 21215-0020		Completed	15. Decedant's Educ (Specify only highest grade Eiamantary/Secondery (0-12)	ation com <i>pleted)</i> Collage (1-4or t	5+)	(Give .	lent's Usuel Occup kind of work done DO NOT use retire	ation during most d)	of working	16b. Kind of		ndustry	
nd 2	be filed within ital Hygiene. d other than event, the Me	Be Co	10 17. Fether's Neme (First, Middle, Last)			ПОШЕ	maker	18. Mother	's Neme (First, Middl				
Na	2 should b and Ments Is marked	To	Joseph Curley		1				a Clarke				
Ma	and 2 sho saith and n 27 is mo		19e. Informent's Neme/Ralationship (Type Jane Callahan		ter		g Address <i>(Street</i> West Ro		o <i>r Rural Route N</i> um Ltimore,			ip Code)	
Baltlmore,	of Health fitam 27 r other tr		20a. Method of Disposition  1 🔀 Burial 2 🗆 Cremetion 3 🗆 Ra				sition (Name of netory or other plan	ce)	Dete	20c. Locatio		Town, Stata	
E E	it. Pages intment of I rtant: If its njury or or		4 ☐ Donetion 5 ☐ Other (Specify)	T-11-10-1-1-1	Mea	adowr			4/3/96	Elkr	idge	, Md	
Ba	Departi Departi Importa eny Inju		21. Signeture of Funeral Service Licenses	Connel	ller		7110 Sc	y Fur	neral Ho s Point 1	Rd 21	Dunda 222	alk	
	Dhamista		23a. Pert1. Entar the dismine, or complic shock, or heart fail and List only one	etions that caused e ceusa on each ti	the death	Do not ente	er the mode of dylr	ng, such es d	ardiac or respiratory	errest,		Approximate Intervel Betwee Onsat and De	eath
	Physician /Medical Examiner		Immediate Causa (Final disaasa or condition rasulting in death) e.	Respira								3 days	
	p =	ner		Ventric		as a conseq Fibri							
0	ate be executed hysician and the burial-transit	Examiner	Sequentielly list conditions, if eny, leeding to Immediate cause. Entar Undarfyling Cause (Diseasa or Injury		Dua to (or	es a conseq	uenca of):						
x 68760,	death certificate be executed e attending physician and xd for use as the burlal-transit	Medical	that initiated events rasulting in deeth) Lest		Due to (or e	es e consequ	uence of):						
Box	death of attended for u	Physician/M	Pert II. Other aignificant conditions contr	Illusting to death h	ut not rasult	ting in the ur	ndartving cause ob	ran in Part I	23h Did	tohacco use	contribute	to the cause of	death?
P.O		by Phys		Today to dout to	or not rason	ung in the u	oanying oadsa giv	an iii 1 Git i.		Yes 2⊠N		obably 4 Ur	
Records,	aw requi	Completed b							24a. We	s en autopsy formed?	8	Vara autopsy fine vailable prior to ompletion of cau f death?	
E E	The ate h								10	Yes 2 🖾 No	1	☐Yes 2☐N	0
<b>=</b>	Physician: The this certificate rail director, page	To Be	25. Wes case raferred to medical examiner?  1 Yes 2 X No	ospitel:	ant 2∏E	R/Outnotlen	t 3 DOA Oth	OF:	of Deeth (Check only		Wher /Snec	ifu)	
	ding Ph After thi funeral		27. Mannar of Deeth  12 Neturel 5 Pending 2 Accident Investigation	28e. Deta of Inju (Month, De		28b. Time of Injury	28c. Injur Wor		28d. Describe	how injury occ			
DIVIS	after Attents I Director: ed in by the	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Plece of Injubulding, etc.	ury - At hom c. (Specify)	ne, ferm, stre	eat, fectory, office		28f. Location City or To	(Street and Nu own, State)	nber or Rui	ral Route Numbe	97,
0	To the Funer completely fill	edicai	29a. Certifier (Check only one) 1 🔀 Certifying Physic 2 Madical Examine	clen: To the best of er: On the basis of and menner sta	axamination	ledge, daath on and/or inv	occurred et the tir estigetion, in my o	ne, dete end pinion, daath	plece, end dua to the occurred at the time	e cause(s) and , dete end plec	manner as e, end dua	eteted. to tha causa(s)	
_	Tot	Σ	29b. Signature and titla of certifier	016	L h.	() .	29c. Licens			29d. Data sig	ned (Month	, Day, Year)	
		-	30. Nama and address of person who com	mieted have of	anth /llam 1	23a) /Tunn 1	H3559	3		Apri(	1,	1996	
				4 Mace A			,	MD 21	221				
	Sta Registr	-	APR 0 2 1996	A. Paydon	ar's spinal	M.							

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THE R SHOP CHIEF

Market when . - Old . Hall

Approximata interval Between Onset and Death 140

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Ellicot Cely

4801 DOBEY HALL BYIVE

2:10 P.M.

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

notified at

must be

hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed ving THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compose filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, composition in the Taumatic eving MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic eving MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic eving MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic eving MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic eving MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic eving MPORTANT: If Item 28 is marked, or item 24 shows any injury, or other traumatic eving MPORTANT: If Item 25 is marked, or item 25 shows any injury, or other traumatic eving MPORTANT: If Item 25 is marked, or item 25 shows any injury, or other traumatic eving MPORTANT: If Item 25 is marked, or item 25 is marked.

	1. DECEDENT'S NAME (First, Mid	ddle, Last)								2. DATE O	F DEATH	N.	YEAR	3. TIME OF DEATH
	ROSE		STECKL	ER						MARCH	-	6. 1		2:10 P.1
	4. SOCIAL SECURITY NUMBER 089-28-5925		5. SEX 1  M 2  F	6. AGE (In yrs.	. last birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month)			a, BIRTI Count	HPLACE (State or Foreign
	Be. FACILITY NAME (If not institut	rtion, give stree	et and number)	07		9b, CIT	Y. TOWN	OR LOCATION				_	NTY OF D	
DIRECTOR	LORIEN NURSIN		EHABILI	TATION	CTR		LUMI						WARD	
EC		b. COUNTY			10c, CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
	NEW YORK	WEST				YONK	ERS							LIMITS?
FUNERAL	1111 MIDLAND	AVENU	E					и. zip соог 10710				10g. CIT		WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Mer 3 Widowed 4 Divorced	rried	2. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		13.	It yes, sp	CENDENT Opecify Cube	n, Mexicen	IC ORIGIN? n, Puerto Ric	(Specify Yea en, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, atc.
COMPLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12)		FION mpleted) College (1-4 or 5		DECEDENT'S (Give kind of life. Do NOT u	work done se retired.)	during me	ION ost of workin	g		IND OF BUS			
N N	12TH GRADE		2 YRS		NURSE	4					NURSI	.NG C	ARE	
BE CO	17. FATHER'S NAME (First, Middle SAMUEL GOLD	a, Last)						4		ME (First, Mic SILVE		Sumame)		
TO B	190. INFORMANT'S NAME (Type/I PETER STECKLE		N)		196. MAILING	ADDRES ONCOF	S (Street o	end Number	or Rural A - NE	W YOR	City or Town	, State, Zij	Code)	0956
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town													
	18 Burlet 2 Cremation 3 Removal from State Capacity Cremation 6 Other (Specify) RIVERSIDE CEMETERY 3/29 LODI, NEW JER:  21. SIGNATURE OF FUNERAL SERVICE LICENSEE 12. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC.													
	Stores	Hw	Mian	M		HU 41	IBBAI 107 T	RD FU WILKE	NERA NS A	L HOM VENUE	E, IN -BALT	IC. TIMOR	E, M	D 21229
	23. PART i. Enter the disea	ses, or con	nplications the	t ceused the	deeth. Do	not ente	r the mo	ode of dyi	ng, such	as cerdle	c or reapi	ratory an	reat,	Approximata
	ahock, Dr heert failure. List only one cause on each line.  iMMEDIATE CAUSE (Finel												interval Betwee	
	disease or condition resulting in death)			card	1000	180	Ha							Ne
	rosulting in dealth)		DUE TO	(OR AS A CON	SEOUENCE O	F):	7							1317
z				Deals	000	land	1.4	C						1 YOUNS
윤	Sequentially list conditions if any, leading to immediate		DUE TO	(OR AS A CON	SEQUENCE O	f):	4115	>						1,000
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury			Solle	el .	Ath	o vos	selve	سارار	1				Year
E	that initieted events		DUE TO	OR AS A CON	SECUENCE O	F):			0					1
H	resulting in death) LAST	d												
	PART ii. Other aignificent of	conditions	contribution to	dooth but no	nê	I - 0h	-4-4-6-6-							
MEDICAL			contributing to	- Geatti but iit	or resulting	in the u	nderiyin	ig cause g	iven in s		PERFOR	MED?	246	WERE AUTOPSY FINOIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M														1 YES 2 NO
ä	DID TOBACCO USE	CONTRIE	BUTE TO CA	USE OF DI	EATH Y	ES 🗆	NO [	UNC	ERTAIN	10				
5	25. WAS CASE REFERRED TO ME EXAMINER?		IOSPITAL:	28. PI	LACE OF DEA									
S	1 TES 2 NO		☐ Inpatient 2 ☐	ER/Outpatient	3 🗆 DOA	OTHE		ne 5 🗆 Re	sidence (	6 Other (	Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIN	E OF JURY	28c. INJ	JURY AT		26d. DESCI	NBE HOW I	JURY OC	CURED	
BY	1 Natural 5 Pend 2 Accident Invest	ding stigation	1			М		YES 2	NO					
	3 Suicide 8 Coul	ld not be rmined	26e. PLACE Obuilding,	F INJURY — At atc. (Specify)	home, farm,	street, tac	tory, offic	00		281. LOCAT	ON (Street e Town, State)	nd Number	or Rural I	Route Number,
١٣	290. CERTIFIER 1 FETTIEVING DAVISICIAN TO ITS DOT OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF T												_	
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated,  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner as state													
BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Monity, Day, Year)											(Monte, Day, Year)		
	Meli	m ,	tock	KVZ	Sm			D	06	382	3	•	3/2	A A
임	30. NAME AND ADDRESS OF PER	RSON WHO C	OMPLETEO CAU	SE OF OEATH (	TEM 270 /5/me	Print)		_						

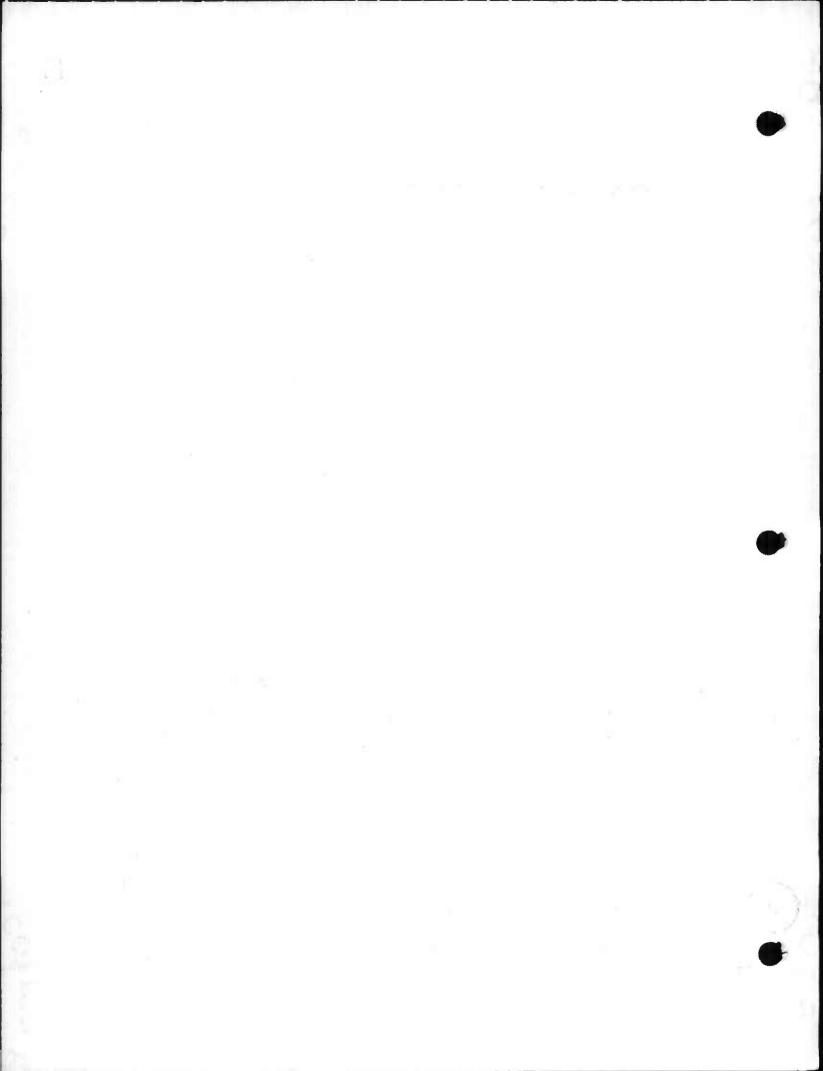
or oon und

31. DATE FILEO (Month, Day, Year)

1996

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DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** Month Day Vasi CATHERINE STRONG MARCH 1996 30, 6:06 am /Medical 4e. Facility Nema (If not Institution, give street and number) 4b. City. Town, or Location of Deeth 4c, County of Deeth Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE If Undar 1 Yaer | If Undar 24 Hrs. Months | Deys | Hours | Min. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) Funeral Deys 1 M 2 F 1911 New York Director 218-36-2232 Usuei Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Expenses. 10a Stete 10h County 10c. City, Town or Location 10d. Inside City Limits PA Gettysburg 1 Yes Z No Director 10e. Street end Number 10f. Zip Code 17325 10g. Citizen of What Country? 366 Pegram Street U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forces? 14. Rece - American Indian, Bieck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, spacify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 X No If Yes, Give Yaer or Deles: White 1 ☐ Yes 2 🗓 No Specify: þ 3 X Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilega (1-4or 5+) Camp Fire Girls Accounting Clerk 12th grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Elias baker Catherine Broughm 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Edwin Strong 129 Roberts Drive-Somerdale, New Jersey 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cramatory or other place) Dete 20c. Location - City or Town, Slete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramovai from State 4 XDonation 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Neme end Addrass of Facility State Anatomy Board-655 W. Baltimore Street Joseph B. VanSant Baltimore, Maryland 21201-1559 23a. Pet/L Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate tnterval Between Onset and Death **Physician** /Medical 4865 Immediete Cause (Finel disaese or condition resulting in deeth) Examiner Due to (or es a consequence of): Examiner The law requires that the death certificate be executed attending physician and for use as the buriel-transit Sequentielly list conditions, if eny, leading to immediale cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequence of). signed by the a d be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown well to P 24b. Were autopsy findings aveileble prior to completion of cause of death? 24e. Wes en eutopsy parformed? renal failure ate has page 2 s Congestie heart 2 No this certificate 1 Yes 2 No Hospital or Attending Physician: 7 24 hours efter deeth. Funeral Director: After this certifica 25. Wes cese referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitei: 2 ER/Outpatient 3 DOA 1 Yes 2 No 2 funeral 27. Menner of Deeth 28e. Dele of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Dascribe how injury occurred Certification: 1 De Netural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident invastigetion 3 Suicide 6 Could not be determined To the Hospital or Atta within 24 hours efter de To the Funeral Directo completaly filled in by th 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide edicai Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piace, and due to the cause(s) and manner stated. 29e. Certifier (Check only one) 29b. Signeture end tifle of certifier 29c. License number 29d. Dete signed (Month, Day, Year) (Attending) 137016 mh 30. Name and address of parson who completed cause of death (Item 23a) (Type, Print)

Kenneth M. Green MQ J801 Yak KI, Suk 101, Touson, mo 21204 JOHNSON JOHNS State Registrar

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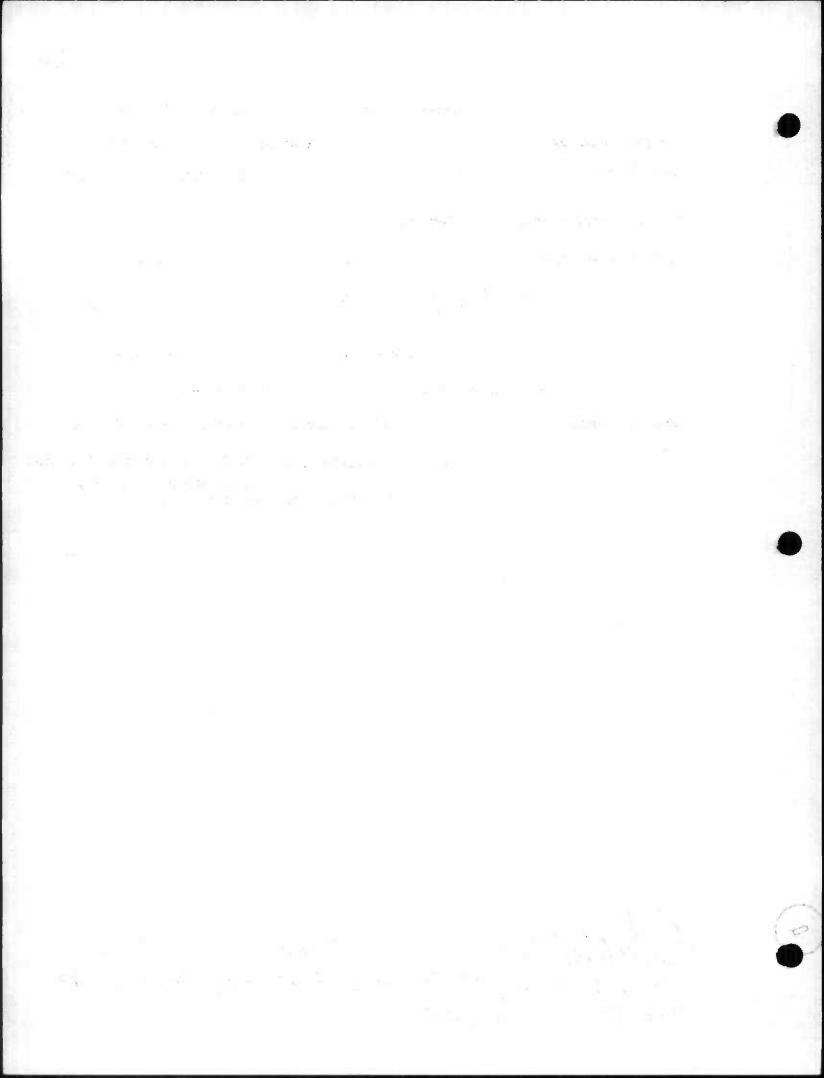
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020	a within 72 hours after death with the Maryland jiene. I than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	þ	1 Never Married 2 Married 3 Wildowed 4 Divorced	Armed Ford to Yes 2 If Yes, Give Year or Dat	2 □ No		f Yes, specify Cub 1 ☐ Yes 2 🛣 No	an, Mexican, Puerl Specify:	o Rican, etc.)		ock, White, of	
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MOL	Pages ent of nt: If its ny or o		X Burial 2 □ Cremation 3 4 □ Donetion 5 □ Other (Spec		tate	em etery, cren	natory or other ple idge Ce:			Pikesv		
Baltimore,	permit. Pages 1 a Department of Hei Important: If item any injury or othe		21. Signature of Funeral Service Lic					ass of Facility Ashton				nc. 1228
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Division	Attending r death. setor: Ahe by the fune	ertification:	2 ☐ Accident investigati	ha		APPLIC	-40HZ	Yes 2 □ No	28f Location /	Street and Alum	her or Pure	i Routa Number,
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			1280 T	DR. KUL				050		,	30/16	
			30. Name and eddress of person who DRr KUUD GEP SINA	completed cause	of death (Item NGS +	23a) (Type, I	Print) 12,900	CATON A	WE, BF	HIMOR	EIM	021229
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Blanco market Street Bridge

State of Maryland / Department of Health and Mental Hygiene (

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Deeth 3. Time of Death Month **Physician** 8:00 A.M. Leo William Shanks TIT March 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 5 Fleetwood Court Pasadena Anne Arundel If Under 1 Yeer if Undar 24 Hrs. 5. Social Sacurity Number 7. Age (In yrs. last birthdey) 8. Deta of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days Months 12 M 2□ F Hours 219 42 1546 52 Yrs. Director Maryland Nov. 18, 1943 Usuel Residence of Dacedant with the Maryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yas 2 No Director Maryland Anne Arundel Pasadena 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ò Herne 23a 5 Fleetwood Court pemit. Pages 1 and 2 should be filed within 72 hours effer deeth 1 Department of Heelth end Mental Hygiene. Important: If Itam 27 is marked other than "natural", or Items 23a and hijury or other traumatic event, the Medical Exprises manages. 21122 U.S. by Funeral 12. Was Decedent Ever In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) Race - American Indian, Bleck, Whita, etc. 1 Navar Marriad 2 X Married 1 X Yas 2 No Viet-If Yas, Give Viet-Year or Datas: Nam 21215-0020 1 ☐ Yas 2 ☐XNo Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highest grada complated) Eiamantary/Secondery (0-12) College (1-4or 5+) Truck Driver Trucking 12th Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumeme) Be Ruth Watts Leo W. Shanks Jr. 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Sherry Shanks 5 Fleetwood Court Pasadena, Maryland 21122 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta 1 Buriai 2 Cremetion 3 Ramoval from Stete 4/1/96 4 ☐ Donation 5 ☐ Othar (Specify) Md. State Veteran Cem. Crownsville, Maryland 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. anirousky in plications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, 23a. Part1. Entar tha disease shock, or heart fellura. Approximata Interval Between Onset and Deeth **Physician** /Medical Immediete Causa (Final disease or condition rasulting in death) Examiner Examiner Hospital or Attending Physician: The law requires that the death certificate be executed burial-transit Sequantially list conditions, if any, leeding to immadiate causa. Enter Underlying Ceuse (Disaase or injury that initiated evants resulting in death) Last Dua to (or as a consequence of) and Box 68760. ettending physician Physician/Medical the Dua to (or es e consequance of): been signed by the e should be deteched f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I, P.O. 23b. Did topecco use contribute to the cause of death? 1 1 Yas 2 □ No 3 Probably 4 Unknown Division of Vital Records. þ Completed 24b. Wara autopsy findings aveilabla prior to completion of cause of death? 24a. Was an eutopsy performed? has 1 ☐ Yas 2 No 1 TYes 2 No certificate 25. Wes casa rafarred to medical examinar? Be 26. Placa of Deeth (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 DOA After this 28a. Date of Injury (Month, Day Year) funeral 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Natural 5 Panding deeth. 2 Accident invastigation 1 Yas 2 No ofter deeth Director: 6 Could not be datermined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Placa of Injury - At homa, farm, straat, fectory, office bullding, atc. (Specify) 4 Homicide within 24 hours efter To the Funeral Direc completely filled in b 29a. Certifier, Certifying Physician: To tha best of my knowledga, deeth occurred at tha time, dete end plece, and dua to tha causa(s) and menner as stated. Medical Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. To the 0 Signeture 29c. Licensa numbar 29d. Data signed (Month, Day, Year) plated causa of daath (Item 23a) (Type, Print) 31. Dete filed (Month, Day, Year) APR 0 2 1996 State Registrar



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	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Evantiret must be notified at	al Director	10e. Street and Number 4312 Molly Ship	pen Trail		10f. Zip	Code 20	778		10g. Citizen of V USA	What Cour	ntry?
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Baltimore,	Page nent o ant: If ary or		20e. Method of Disposition 1 ☐ Buriel 2 ☑ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)	20b. I demovel from State	Plece of Disp cemetery, cre	osition (Ner	me of		4/2/96	20c. Location -	City or To	own, Stete
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(	0		30. Name and address of person who co		n 23e) (Type	Print)	Q.	1 hos	west (	River	MD	
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96-1713-510 96-067
ITEMS: 23 PART I, 27,28a-1 B.K.S PER MEO FILM G-734 4/12/96 t State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Daath 3. Time of Daath Dey **Physician** RONALD ERBIN SOUDERS. SR. MARCH 30. 1996 /Medical 0838AM 4c. County of Death 4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 1812 NORTH CASTLE STREET BALTIMORE If Under 1 Yeer If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplaca (State or Foreign Country) **Funeral** 1 M 2 □ F Days Months Hours 32 217-82-8434 Maryland **Director** Usual Residence of Dacedant with the Marylend 10b. County 10c. City, Town or Location raf, or items 23s or 28s-f show Examiner maint be notified at 10d. Inside City Limits Maryland Baltimore Director Dundalk 1 Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? United States 21222 1325 North Point Road death Funeral 13. Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuben, Mexican, Puerto Rican, atc.) 12. Wes Decedant Ever in U,S. Armed Forcas? 14. Race - American Indien. Black, Whita, etc. Peges 1 and 2 should be filed within 72 hours after not of Heelib and Mental Hygiane.
The first of the first of the first narked other than "natural", or ite ury or other traumatic event, the Marian Examine. 1 Nevar Married 2 Married Yas 2 2 No 1 Yas 2 No Specify: Baitimore, Maryland 21215-0020 þ 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: White Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry Flementery/Secondary (0-12) Coilega (1-4or 5+) Contractor Roofing 17. Father's Name (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Sumeme) Carolyn Ellen Colbwrn Be William J. Souders. Sr. 2 19a: Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 1325 North Point Road Baltimore, Maryland 21222 Mrs. Donna C. Souders 20a. Mathod of Disposition 20b. Piace of Disposition (Name of 20c. Location - City or Town, Stete permit. Peges 'Department of H Important: If ite any injury or ot once. comatary, cromatory or other pieco)
Oak Lawn Cemetery 1 🛱 Buriai 2 ☐ Cremation 3 ☐ Removal from Stata 04-03-96 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility
Duda-Ruck Funeral Home of Dundalk, Inc. 21. Signeture of Funaral Sarvice Licensaa 7922 Wise Avenue Dundalk, Maryland 21222 aude 23a. Part1. Entar the diseasa, or complications that causad the death. Do not entar the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical immediata Cause (Finei MULTIPLE DRUG INTOXICATION ( COCAINE, NARCOTIC & PCP) disaase or condition rasulting in deeth) **Examiner** Due to (or as a consequence of): Examine The law requires that the death certificata be axecuted bunal-tran Sequentially list conditions, if any, leeding to immadiate causa. Enter Undarlying Causa (Disaase or injury that initieted evants resulting in daath) Lest Due to (or es a consequance of): Box 68760. physician Physician/Medical the Dua to (or as e consequence of): P.0. is certificate has been signed by the a director, page 2 should be detached Part ii. Other aignificant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy completion of cause of death? 1 Yes 2 □ No 1 Vas 2 No of Vital Physician: Be 25. Was casa ratarred to medical 26. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Residence Machiner (Specify) YARD Hospitel: 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 10 XXYas 2 No this the funeral 28b. Time of injury OUND 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 26d. Describe how injury occurred 28c. injury at Work? After Division or Attending 5 Panding investigation 1 Natural after death. 1 Yas XX No UNKNOWN FOUND 3/30/96 2 Accidant 8:35 A Could not be detarmined 3 ☐ Sulcide 28a. Place of injury - At homa, farm, streat, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Steta) in by 4 Homicida FOUND IN THE YARD AT : 1812 N. CASTLE ST. BALTO. MD. 29e. Certifian 1 Cartifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to the causa(s) and mannar as stated.

\*\*Madical Examiner: On the basis of axaminetion and/or invastigation, in my opinion, daeth occurred at the time, data and place, and due to the cause(s) and mannar stated. Medical (Check only one) 29b. Signeture and title of cortifier 29c. Licanse number 29d. Dete signed (Month, Dey, Year) MARCH 30, 1996 O.C.M.E

State Registrar 31. Data filed (Month, Day, Year) APR 0 2 1996

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30. Nama and address of parson who completed causa of death (itam 23a) (Type, Print)

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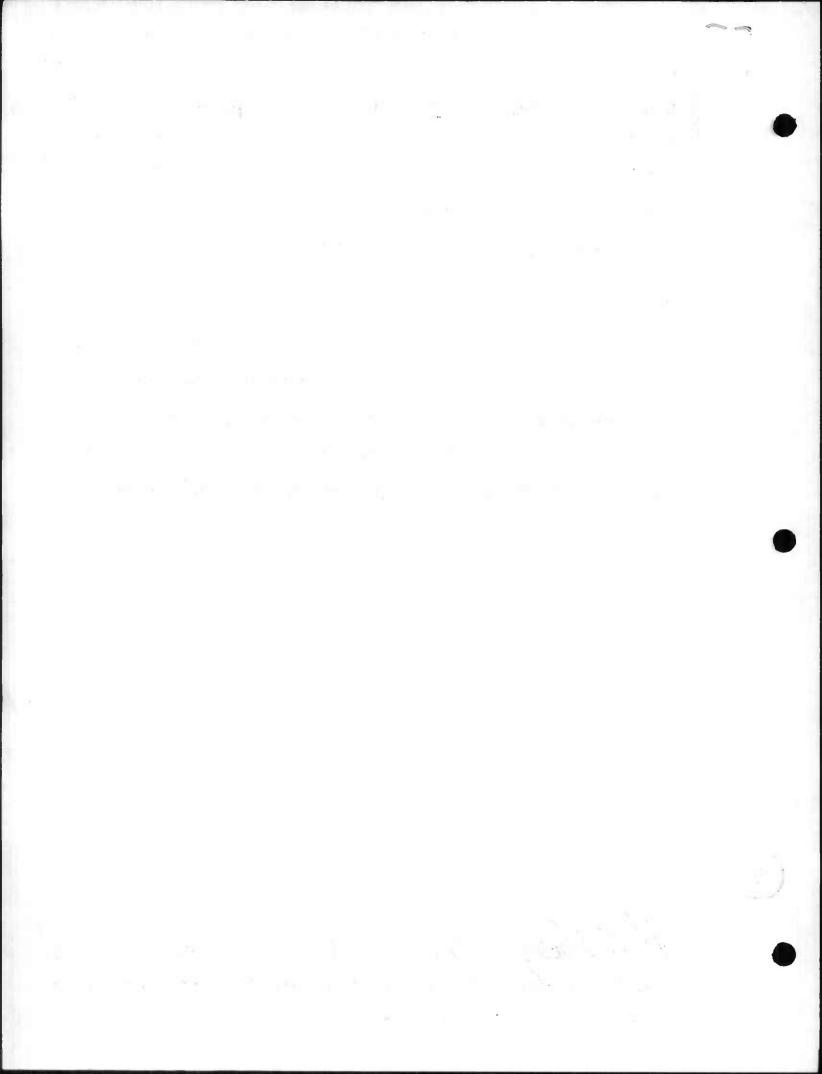
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death Month Day **Physician** STEINERMAN MARCH 29, 1996 SHELDON Z. 1:34am /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** FREDERICK MEMORIAL HOSPITAL FREDERICK FREDERICK If Undar 1 Yaar Months Davs If Undar 24 Hrs. Hours Min. 8. Data of Birth (Month, Day, Year) AUG.6,1945 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** Days 1 M 2□ F 051-36-5101 50 NEW YORK Director Usuai Rasidance ot Decedant with the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or itema 23a or 28a-f ahor the Modical Examiner must be notified at MARYLAND FREDERICK WALKERSVILLE 1X Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21793 USA 8349 REVELATION AVE. Funeral death 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Maritai Status Black, White, atc. filed within 72 hours after 1 Nevar Married Married altimore, Maryland 21215-0020 1 ☐ Yas 2X No Specify: þ 3 Widowed 4 Divorced WHITE 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Collega (1-4or 5+) Elamantary/Secondary (0-12) ELECTRONIC TECHNICIAN FREDERICK ELECTRONICS 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) 2 should be fi and Mental H Is marked of YAAKOV STEINERMAN TESSIE **KAUER** 19a. Intormant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Pages 1 end 2 st nent of Health and ant: If itam 27 is n MRS. BONNIE STEINERMAN (WIFE) 8349 REVELATION AVE, WALKERSVILLE, MD (21793) 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 8 Burlai 2 Cramation 3 Ramoval from State Department in important: If any injury or once. TZEMECH SEDEK VE SHOMREI HADATH+3-29-1996-BALTIMORE, MD 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Address of Facility INSON & BROS., INC. 21. Signature of Juneral Service Liceumee 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Batween Onsat and Death Physician Immediata Causa (Final disease or condition resulting in death) /Medical Examiner Dua to ( as a consequence of): Examiner lung infaction attending physician and for use es the buriel-transit Sequentially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Diseasa or injury that initiated events rasulting in daath) Last certificate be exec Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 1 ☐ Yee 3 Probably 4 Unknown VEGETHING CTATE þ 24b. Ware autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed LABILE INSALIN DEDBNOONT hes 1 ☐ Yas 2 ☐ No 25. Was casa ratarred to medical axaminar? Be 26. Piace of Death (Check only ona) 1 Yas 2 No Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 Inpatiant 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: Natural 5 Pending invastigation 1 Yas 2 No 2 Accident efter deeth Director: 28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) 6 Could not be 3 ☐ Suicide 28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 8 Hospital 24 hours Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Exerciser: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Cartifier (Check only one) within 2 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certuil 30. Nama and address of person who complated causa of death (Item 23a) (Type, Print) 4 Culwell Dr. Mt Ainy and EM, 1/ex

Registrar

APR 02

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death Film G734 item 1 Per FH 4-02-96 rja 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month LDA Mae Schmitz MARCH /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 246 Old Line Avenue Laurel Anne Arundel If Under 24 Hrs. 8. Date of Birth Hours Min. OCT 10, 1932 If Under 1 Yeer 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign **Funeral** 1 □ M 2 1 F Deys Wisconsin 63 Yrs. 389-32-4795 **Director** Usuel Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or itema 23a or 28a-f show traumatic event, tra Medical Examiner naint be notified at 1 Yes 2 No Wisconsin Calumet Chilton Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 328 Cedar Street 53014 USA death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 27 No If Yes, Give\* Yeer or Detes: Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status Pages 1 and 2 should be filed within 72 hours aftar onent of Health end Mental Hygiene. Int: If Item 27 is marked other than "naturel", or Iter 1 □ Never Merried 2 □ Married 1 ☐ Yes 2 ☐ No Specify: Baltimore, Maryland 21215-0020 Specify: White þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Small Engine Elementery/Secondery (0-12) College (1-4or 5+) Factory Worker Manufacturing 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Arthur Edwin Beyer Henrietta Margaret Jacky 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Health el important: if item 27 is eny injury or other trau once. Scott K. Schmitz/Son 246 Old Line Ave. Laurel, MD 20724 20b. Piece of Disposition (Name of cemetery, crematory or other place)
Metro Crematory, Inc. 03/30/96 20e. Method of Disposition
1 ☐ Burlel 2 ☐ Cremation 3 ☐ Removal from Stete 20c. Location - City or Town, State Baltimore, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility Dawn F McDonald Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228
23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final VARIAN CARCINOMA diseese or condition resulting in death) Examiner Due to (or es e consequenca of) Examiner physician and the burial-transit the death certificate be axecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in deeth) Last Due to (or es a consequenca of): Box 68760. Physician/Medical Due to (or as a consequence of): 80 980 deteched Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Gion of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 1 Yes 200 No 1 ☐ Yes 2 12 No Be 25. Was case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? ding 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.
2 Medical Exampler: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical 29c. License number 29d. Date signed (Month, Day, Year) Name and eddress of person who com cause of death (Item 23a) (Type, Print) GREENWHY CENTER Dr. Greenbelt MD 20770 Thomas A. BEN.
31. Dete filed (Month, Day, Year) BENSINGER WID 32. Registrar's Signature State Registrar La Davidson Acadell



State of Maryland / Department of Health and Mental Hygiene 96 09425

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09426 Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Date of Death 3. Tima of Death JAMES, LOUIS, STEVENS **Physician** 17/5 MAR /Medical 4e. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** ST. AGNES HOSPITAL BALTIMORE | If Under 24 Hrs. | 8. Dete of Birth | Month, Day, Year) | 10-21-1923 5. Social Security Number 7. Age (In yrs. last birthdey) If Under 1 Yeer Birthplace (Stata or Foreign Country) **Funeral** Months Days 1 XX 2 F Yrs 212-20-4027 72 **Director** MARYLAND Usual Rasidance of Decedant with the Maryland 10e. Stete 10c. City, Town or Location 10d. Insida City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylar Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural; or itema 23a or 28a-f show any fullury or other traumatic event, the Modical Examiner must be notified at 1 Yas 2 No Director MARYLAND ANNE ARUNDEL LINTHICUM 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 5 MANSION ROAD 21090 U.S.A. Funeral 12. Was Dacedent Evar in U,S. Armed Forcas? 1 ☑ Yas 2 ☐ No If Yas, Give Year or Datas: WW I Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuben, Mexican, Puarto Rican, atc.) 11. Meritai Stetus 14. Race - American Indian, Black, Whita, etc. 1 Navar Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🖾 No WHITE þ Specify: 3 ☐ Widowed 4 ☐ Divorced WW II Completed 16a. Decedant's Usuel Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elamantary/Secondery (0-12) Coilega (1-4or 5+) 9 SALESMAN N/A 7 UP BOTTLING COMPANY 17. Father's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Malden Surnema) CHARLES PEYTON STEVENS CARRIE ROEDING 0 19e. Informent's Neme/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MRS. MINETTA STEVENS 5 MANSION ROAD, LINTHICUM, MARYLAND 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from Stata VETERANS CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 4/3/96 CROWNSVILLE, MD. 22. Nama and Address of Facility SINGLETON FUNERAL HOME 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 23e. Part1. Enter the disaasa, or complications thet ceused the death. Do not antar the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. 21061 Approximata Interval Batween Onsat and Death **Physician** /Medical Immadiata Causa (Final hon- small cell 1 month disaase or condition rasulting in death) Examiner Dua to (or as a consequence of) Examiner physician and s the burial-transit Sequantially list conditions, if eny, leeding to immadiete cause. Entar Underlying Cause (Disaasa or injury that initiated avants resulting in daeth) Last Dua to (or as a consequence of): sion of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of): signed by the a Part II. Other eignificant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Emply De ma by 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed 2 No 1 Yas 2 No certificate inding Physician: 25. Was cesa rafarred to medical 8 26. Pleca of Death (Check only ona) Hospitai: Other: 4 Nursing Homa 5 Rasidence 8 Othar (Specify) 1 Yas 2 No 2 1 Dinpatient 2 ER/Outpatient 3 DOA Affer this funeral 28a. Data of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 Naturei 1 □ Yas 2 □ No 2 Accident al.Director: 6 Could not be datarmined 3 ☐ Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida afte edical Certifying Physician: To the best of my knowledge, death occurred at the time, data end piece, and due to the cause(s) and manner as stated. 29a, Cartifian (Check only one) 2 Medical Examiner: On the basis of axamination and/or invastigetion, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and mennar stated. To the Vithin To the 29b. Signature and fittle of contilier 29c. License number 29d. Data signed (Month, Day, Year) m,0 44505 30. Neme and addrass of person who completed cause of deeth (Itam 23a) (Type, Print) IMPBRIAL 31. Dete filed (Month, Day, Year) 32. Registrar's Signatura State 1996 APR 02 Registrar

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Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hyglene. Important: if item 27 is marked other than "naturel", or items 23a or 284-1 show any injury or other treumstic event, the Medical Examiner must be notified a once.		21. Signature of Funeral Service Lices		New Cathedral					Maryland
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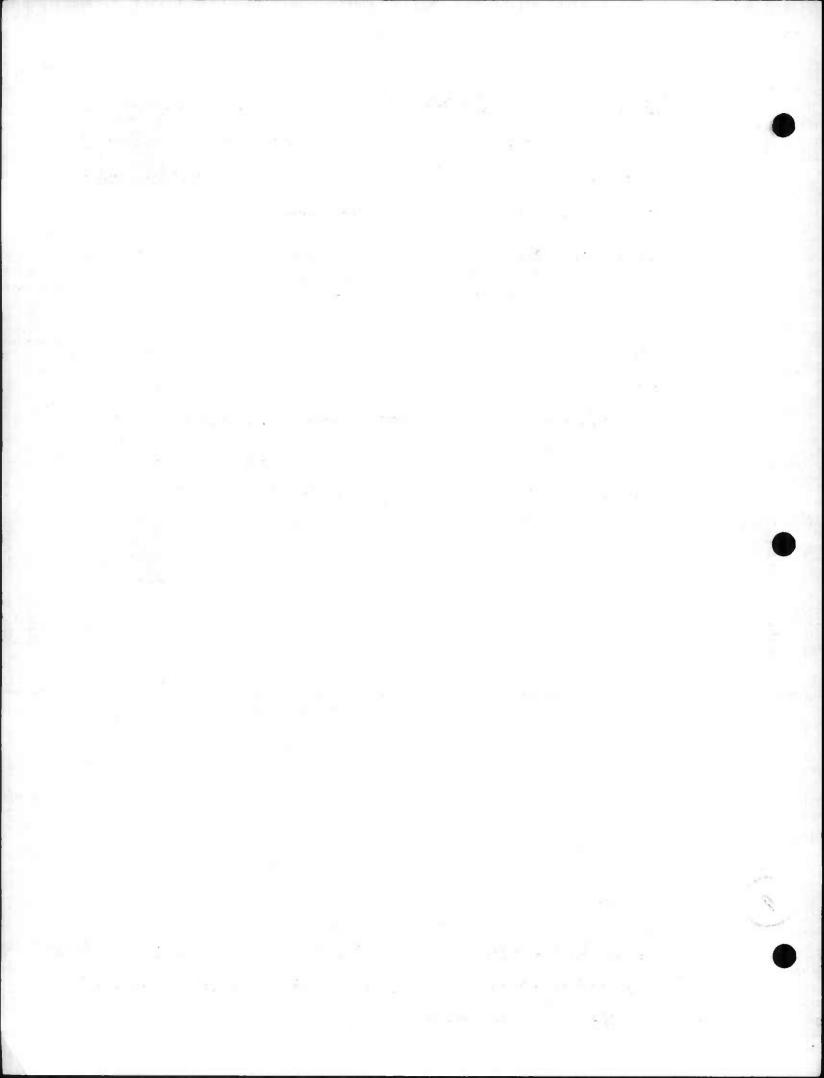
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Deeth 3. Tima of Death UMBERGER Month **Physician** NWOS 1:45 PM 30 march /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Baltimore Bayview Hospital Baltimore | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | June 20, 1910 6. Sex 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** 15 M 2□ F 85 Yrs Director 217-14-2211 Texas Usuei Rasidence of Dacedani Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene.

Int: If Item 27 is marked other than "natural; or Items 23s or 28s-f show ary or other treumetic event, the Medical Examiner must be notified at 10a. Stete 10c. City, Town or Location 10d. Insida City Limits Eastpoint Md. Baltimore 1 ☐ Yes 8 ☐ No Director 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 21224 7107 Eastbrook Ave. USA Funeral 12. Was Dacedant Evar in U,S Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. 11. Marital Status 1 ☐ Yas 2 ☐ No If Yas, Give Yeer or Detas: 1 ☐ Navar Married 2 🕱 Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify. 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry 16a, Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) Elamentary/Secondary (0-12) College (1-4or 5+) Machinist Westinghouse 11th 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middla, Meidan Sumema) unknown unknown 2 19a. informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 7107 Eastbrook Ave. Baltimore Md. 21224 Marion Umberger 20b. Place of Disposition (Name of cematery, crematory or other place) 20c. Location - City or Town, State 20a. Mathod of Disposition permit, Pages Department of Important: If It eny injury or c 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 4/2/96 Gardens of Faith Rossville 21. Signature of Funaral Service Licenses 22. Neme end Address of Fecility Connelly Funeral Home of Essex onne 300 Mace Ave. Baltimore Md. ハハハ 23a. Part1. Enter the disaasa, or complications that caused the deal shock, or haart failura. List only one cause on each lina. not entar tha moda of dying, such as cardiac or raspiratory arrast, Approximate Interval Between Onsat and Death **Physician** /Medical Immediata Causa (Final diseese or condition rasulting in daath) Examiner Due to (or es e consaque(ce of) Examiner physician and s the buriel-transit Sequentially list conditions, if any, leading to immediata cause. Entar Undarlying Causa (Disease or Injury that Initiated events rasulting in deeth) Last Dua to (or es a consequence of) P.O. Box 68760. Physician/Medical Dua to (or as a consequence of): 98 use been signed by the s should be detached i Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yee 2 ☐ No Division of Vital Records. þ 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? page 2 s 1 ☐ Yas 2 No 1 Yas 2 No certificate Attending Physician: funeral director, 25. Wes casa refarred to medical examiner? 26. Placa of Death (Check only ona) Othar: 4 Nursing Home 5 Rasidance 6 Other (Specify) 1 Yas 2 No 10 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA this 28a. Deta of Injury (Month, Day Year) Certification: 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Natural 5 Panding Invastigation after death. Director: Aft 1 Yas 2 No 2 Accidant 8 Could not be detarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28a. Placa of Injury - At home, ferm, streat, fectory, office building, atc. (Specify) 4 Homicida Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated. 29e. Certifian Medical within 24 ho To the Functional (Check only one) 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifian 29c. License number 96011 om.D. Trestera 30. Nama and address of person who completed cause of daeth (Itam 23a) (Type, Print) Johns Hopkins Bayriow medical center RESTERA M.D. 31. Data filed (Month, Day, Yaer) 32. Registrar's Signature State Julia Savidon-Randelle

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Registrar

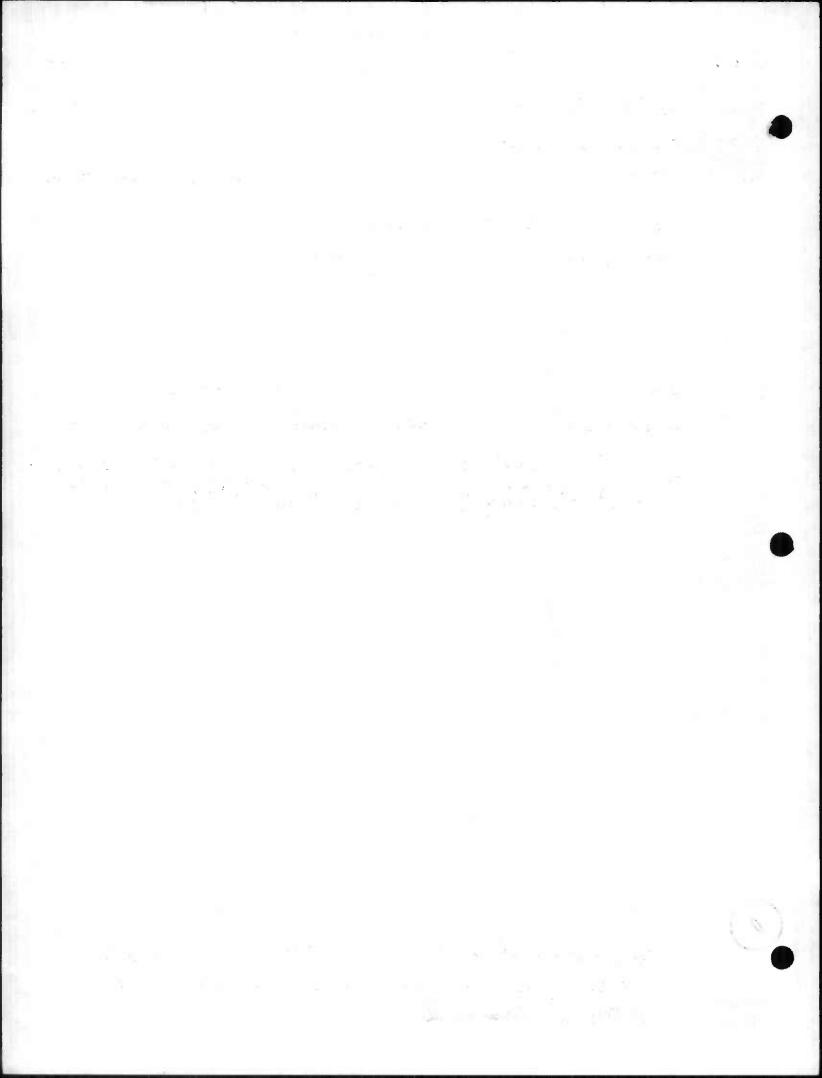


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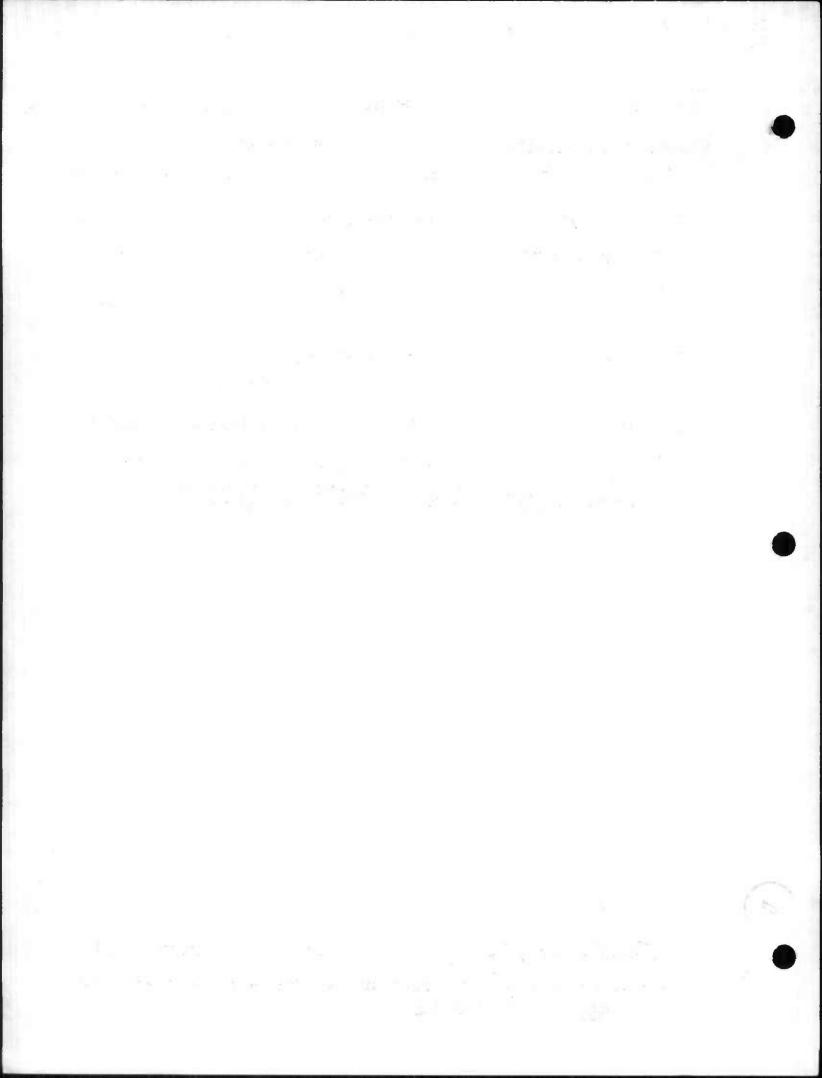
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Exa	mine						Location of Death	4c. County		
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Fune Direct	_	097-14-5301	1□ M 2\ F	83	Months Dou		. (Month, Da	1912	Vorth	iace (State or Foreign try) Carolina
pue *		Usuel Residence of Decedent  10a. Stete 10b. County	10c. C	City, Town	n or Location	<u> </u>			10	Od. Inside City Limits
Mary f sho	1	Maryland Princ	e Georges	502	brook					1)X Yes 2 □ No
the 28s		Maryland Princ  10e. Street and Number	c deorges	Sea	10f. Zip Code			10g. Citizen of 1	What Coun	try?
3a o	3		e		207	26		USA		
deet		6701 96th Avenu	12. Was Decedent Ever in Armed Forces?	U,S.	13. Was Decedent of if Yes, specify Cu		Specify Yes or No-		e - Americ	
ie, Mal ylail a Z.I.Z.13-0020 s.1 and 2 should be filed within 72 hours effer death with the Manyland Health and Mental Pygiene. Health and Mental Pygiene. Them 21 is marked other than "naturel", or flems 23e or 28=1 show other traumatic event, the Medical Exercise must be nothed.	E S	1 □ Never Merried 2 □ Married 3 ☑ Widowed 4 □ Divorced	1 Yes 2 No If Yes, Give Yeer or Detes:		1 ☐ Yes 2 N		no Alcan, etc.)	Specify	ck, White, o	
2 hor	3		Education	16a.	Decedent's Usuei Occ (Give kind of work don	upation		16b. Kind of B		
d within 72 hours of jiene. Trithan "naturel", or	1 5	15. Decedent's (Specify only highest) Elementary/Secondary (0-12) 12th Grade	Coilege (1-4or 5+)	-	life. DO NOT use retir	e during most of wo red)	orking			
A Marie A	8	12th Grade			Homemaker			Fami	.ly	
MCITY CATTOR  12 Should be filed h and Mental Hygi ls marked other traumatic event, it	0	17. Fether's Neme (First, Middle, La	st)			18. Mother's Ne	me (First, Middle,	Maiden Suman	ne)	
should marks	F	John Coleman					abeth Se			
Mar 12 sh h and ' Is m		19e. informent's Neme/Reletionship	(Type, Print)		. Meiling Address (Stree					
1 end Health Health		Jean W. Miller 20a. Method of Disposition	20h		01 96th A		Seabroo	k, Mary 20c. Location		
Peges nent of mt: If h		1 Rurial 2 Cremetion 3	Hemover from Stete		Disposition (Name of y, crematory or other p		100			
글 보트콘을		4 Donation 5 Other (Spe		Arbu	tus memoria	al Park	Apr 4	Baltimo	re Co	ounty, MD
Depe Impo	once	1 A A R	Emy A.		22. Name and Add 2501 Gwyn Baltimore	nns Falls Maryl	tter Fun Parkway and 212	eral Ho 16	mes,	Inc.
		23a. Pert1. Enter the disease, or co shock, or heart feilure. List on	mplications that caused the der	ath. Do r						Approximete Intervai Between
Physicia	_				o. 1				1	Onset and Death
/Medic Examin		Immediate Cause (Final disease or condition resulting in deeth)	Septi	12	Shock				á	14 hours.
		DOLLARS IN THE			consequence of):					74 hours. 74 hours. 17 days.
ted nsit			0.	non	1				10	14 hours.
sæcu n end el-tra	Evaminer	Sequentielly list conditions, if any, leeding to immediate	Due to	(or as a c	consequence of):				4	15 1.
ificate be executed g physician end as the buriel-transit			e Hapin	200	Onsequence of):				/	+ allys.
iffication of phy as the	polica	resulting in death) Last			consequenca or):				i	
	2		o Strol	C						6mos.
. 5 . 5	Physician/N	Pert li. Other algnificant conditions	contributing to death but not re	sulting in	the underlying cause of	iven in Part i	23b. Did t	obacco use co	ntribute to	the cause of death?
d by the setache	Š	( Caizusa T	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		'es 2□ No		eably 4 Unknow
one de de de de de de de de de de de de de	24	Seizure, 1	Jementia, H	yper	Tension_					
he law requires the last been signed ge 2 should be contact.	Completed						24e. Was a	n autopsy med?	ava	re autopsy findings lieble prior to
law r as be	100								of o	npletion of cause leeth?
- + + E	ا						1 D Y	es 2 No	10	Yes 2□ No
hysician: The law his certificate has be I director, page 2 s	0	25. Wes case referred to medical examiner?	11				eth (Check only o	10)		
Physic this o		1 Yes 2 No		ER/Ou	tpatient 3 DOA		Home 5 Resid			)
	lo	1 Netural 5 Pending	28a. Dete of Injury (Month, Day Year)		Time of 28c. inj	ury et ork? ⊒ Yes 2 □ No	28d. Describe h	ow injury occur	red	
l or Attending after death. Director: After d in by the fune	Cal	2 Accident investigat 3 Suicide 6 Could not	be con Diagontinium And	home fe			28f. Location (S	treet and Numb	ver or Dura	I Poute Number
affar Direct	Certification:	4 ☐ Homicide determine	building, etc. (Spec	eify)	ini, sueet, lectory, otho		City or Tow	n, State)	or or riura.	riodie radiiber,
to the second	edical C		Physician: To the best of my kn aminer: On the basis of exemin	owledge atlon and	, death occurred at the	time, dete end piece opinion, death occ	e, and due to the ourred at the time.	ause(s) and me lete end pieca.	enner as st	ated. the cause(s)
Bis	Med	29b. Signature and title of certifies	and menner steted.			nse number				
PIPS		250. Signature and title of certifier	Mann	)	29C. Licer	2/////		29d. Dete signe	(Month, L	Aug, Tell)
10		SUSAN XI	Well MID	0,	103	9941		5/30	110	· .
10		30 Name and address of person who SAN G. Weine			Type, Print)	Baltin	no ma	212	39	
	State	24 Date filed (Manth Day Veed)	32. Registrar's Sign	_	מטוש וושטו	LUCIIII	ory ma	alac	//	
	State istrar	ADD 00 1000	who Deviden-Rand	00						



State of Maryland / Department of Health and Mental Hygiene 96

				,		Certifica	te of			Reg. No.	U	9430
П	Dharata		1. Decedent's Name (First, Middle, Last)						2. Date of Dec	eth Dey	Year	3. Time of Death
	Physici /Medi		ORESTEZ A.			WHITE			MARCH		996	1:00 A
	Exami		4a. Facility Neme (If not Institution, give street	and number)				4b. City, Town, or				
ſ			SHOCK TRAUMA CENTE	R:				BALTIMO	ORE	N/A		
	Funeral		5. Social Security Number 6. Sex	7. Age (In	yrs. lest birth	dey) If Under	Pr 1 Yeer Days	If Under 24 Hrs Hours Min.		h v. Year)	9. Birthp	place (State or Foreigntry)
	Director		214-84-7838	U F	29 Y	rs.				30 1966	MAR	YLAND
	pur *_		Usual Residence of Decedent  10a. State 10b. County	100	. City. Town	or Location					1	Od. Inside City Limit
	Aaryli Sho	5	MARYLAND N/A			TIMORE	CIT	,				t(XYes 2 □ N
	tha A	ect	10e. Street and Number		DAL		D Code	l		10g. Citizen of V	Mhat Cour	
	Viet of R	ā	410 W. FRANKLIN STR	CCT		101. 2		001				uyr
	eath	era		LE I is Decedent Ever	in U.S	13. Wes Dec	212		Specify Yes or No-		A. e - Americ	an Indian
	filed within 72 hours after death with the Meryland Hygiene. Ither than "natural", or flems 23a or 28a-f show ont, the Medical Examinat must be notified at	Funeral Director	An	ned Forcas? Yes 2 No	0,0.			lispanic Origin? (S an, Mexican, Puer	to Rican, etc.)	Bled	k, White,	
020	es	by	If Y	es, Give ar or Dates:		1 ☐ Yes	2 💢 No	Specify:		Specify	BLAC	K
ŏ	2 ho		15. Decadent's Education		16a. I	Decedent's Us	ual Occup	pation		16b. Kind of Bu		
215	hin 7	Completed	(Specify only highest grade comp Elementery/Secondery (0-12) Co	llege (1-4or 5+)		Give kind of w life. DO NOT	ork done use retire	during most of wo d)	rking			
21	filed with Hygiene. Ither than	5	11th grade		CO	NSTRUC <sup>*</sup>	TION	WORKER		PRIV	ATE	
pu	al Hygid	Be (	17. Father's Name (First, Middle, Last)						me (First, Middle,	Meiden Suman	ie)	
yla	should by and Menta	ဥ	Elmer Taylor	Lorrir	na White							
Maryland 21215-0020	2 8 9		19a. Informant's Neme/Relationship (Type, Pri	int)		_		end Number or R				
	a 2 a	1	Irene White					Avenue, E				
Ore	2 5 5		20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cremetion 3 ☐ Remove		ob. Place of l cemetery	Disposition (Ne , cremetory or	other pla	ce)	Date	20c. Location -	City or To	wn, State
tim	man mant: jury		4 ☐ Donetion 5 ☐ Other (Specify)		Mt.	Zion Ce	emete	ery	3-30-96	BALTIMO	RE M	ARYLAND
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Signeture of Funeral Service Licenses	)//	2	22. Name e	nd Addre	M C. BRO				
ш	70 = 9 d		How (>	- 0	val			V. NORTH		אווויי רן	П	
В			23a. Part1. Enter the diseese, or complication shock, or heert feilure. List only one cause	s that coused the	death. Do no	ot enter the mo	de of dylr	ng, such as cardia	c or respiretory ar	rest,		Approximate fntervel Between
and the second	/Medical Examiner	Examiner	b			onsequence of		Hend	,			
Box 68760,	tha death certificata be executed by the attending physician and sched for use as tha buriat-transit	Physician/Medical E	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest  d	Due	to (or as a co	nsequence of)	*					
	a dee the a	/sic	Part If. Other significant conditions contributing	g to death but no	resulting In	the underlying	ceuse giv	en in Part I.	23b. Did t	obacco use co	ntributa to	the cause of death
P.0	that tha de led by the a datached t								10	Yee 2 No	3 Prol	bably Unknow
Records,	requires seen sign hould be	Completed by								an autopsy	av	ere autopsy findings allable prior to mpletion of ceuse death?
R	The law ata has t page 2 s	mo							itt	res 2□No	, [	Vres 2□ No
Vital		Be C	25. Wes case referred to medical					26. Place of De	ath (Check only o	100	)	(
>		.0	examiner? 1 □XYes 2 □ No Hospita	l: 1	2XCX€R/Outr	patient 3 D	OA Oth	or.	lome 5 Resid		er (Specifi	v)
100	g Phys ar this naral d	T:U		Dete of Injury (Month, Day Yea	28b. Ti	me of ury	28c. Injur	y et	28d. Describe	now injury occur	red	
Ö	Attending In death.	atio	1 Natural 5 Pending 2 Accident Investigation	125/96		30 HZ		Yes 2 No	Suly	ectsh	07	
pivision	To the Hospita or Attand within 24 hors after death To the Funers Director: completely filled in by the	Certification:	3 Suicide 6 Could not be determined 28e	Place of Injury - building, etc. (So	At home, ferr	n, street, facto	ry, office		281. Location (S City or Tow School St	street end Number, Stete)	HOD 6	Many land
0	Bata Fig.	edical	29e. Certifier (Check only one)  1 Certifying Physician: 2 Medical Examiner: Or an	To the best of my the basis of exar d manner stated.	knowledge, nination and/	death occurred or Investigation	at the tir n, In my o	ne, dete end place pinion, death occu	e, and due to the durred at the time,	ceuse(s) and ma	nner as si	lated.
	ro the rothe comple	Me	29b. Signeture end title of certifier	a manifest stated.		29	c. Licens	e number		29d. Dete signe	d (Month,	Day, Year)
	F > F 0		IThe Soull	11:			0	.C.M.E.	N	MARCH 2	26 1	996
	1		30. Name and address of person who complete	d caused of death	(Item 23a) /T	Ima Print		· C · FI · E ·	T.	1111(011 1	, -	,
	5		THE GOORE MIKE				eet	, Balti	more, l	Maryla	nd 2	1201
	Sta	te	31. Dete filed (Month, Day Year) APR 0.2 1996	Bogistrar 1	DI WATER					-		
	Registr		APR 02 1996	- woon-	- Frederick	-						



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N.	ficate	State	Iten
SICIA	certif	the r	1, or
OF ATTENDING PHYSICIAN; The law requires man the death certificate be executed	Manactum: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 st	minum may death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I them 21 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DING	After	death	E III
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8 80	ME	Duris	E
7	3	É	=

	FOR STATE REGISTRAR	TATE OF MARYLA		TMENT OF H		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	ed Wr	ight			2. DATE OF DEATH DAY	5 96	3. TIME OF DEATH A
		SEX 6. AGE (In	,	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Countr	
	21/-09-/120		O YAS.			5/12/190		EORGIA
DIRECTOR	90. FACILITY NAME (IT not institution, give street  JOHN DEATON SPECIA  RESIDENCE OF DECEDENT		AL	BALTIM	OR LOCATION OF DE	АТН	BALTO.	
EC	100. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	MD BALTO.	CITY	BA	LTIMORE				1X YES 2 NO
FUNERAL	100, STREET AND NUMBER 306 LYNHURST STREE	т		10	21229		10g. CITIZEN OF W	
NS I		WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	U.S.	- American Indian.
BY FI	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES	2 X NO		ocify Cuben, Mexica 2 X NO Specify	n, Puerto Rican, etc.)	Speci	
	15. DECEDENT'S EDUCATION	ON .	16a DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BUSI	WESS/MONISTRY	AMERICAN
COMPLETED	(Specify only highest grade com		(Give kind of life. Do NOT u	work done during me	ist of working	ISO. KIND OF BOSI	NESS/INDUSTRI	- 13
AP.L		KNOWN	LABOR	ER		BRICKY	/ARD	
S	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden S	urname)	
BE	FRED WRIGHT SR.		4			A WRIGHT		
2	190. INFORMANT'S NAME (Typo/Print)  JOHNNIE MAE THOMPS	ON (DAUGHTE			ST. BALT	O. MD 21229		
	20e. METHOD OF DISPOSITION	Aob.	PLACE AND DATE	OF DISPOSITION (N			ATION — Cify or To	wn, State
	t [V Burial 2   Cremation 3   Ramoval 4   Donation 5   Other (Specify)	1/A // MT	ZION	CEMETERY			ΓΟ. MD	
1	21. BRUNATUME DE FUNERAL SERVICE LICENS	11/11/11	1/1	ESTER	BROTHER	S FUNERAL I	HOME P.A	
	( Voun Stall	and IRM	1	1300	EUTAW PL	S FUNERAL P ACE BALTO.	MD 2121	7
	23_PATT.L Enter the diseases, or come shock, pr heart failure. List IMMEDIATE CAUSE (Final disease or condition putting in death)	Dnly ona cause on ea			eds of dyling, suc	h as cardiac or respir	etory screet,	Approximate Interval Between Onest and Daath
7	a	HUDO KOLO	CONSEQUENCE O	F):				Id.
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DOE TO (OR AS A	CONSEQUENÇE O	F):				2 /.
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	Intestino	el es che	unic				Juks.
TIF	that initiated events resulting in death) LAST	Pen - ve	etal BO	Soul.				Brukes.
CEI	d							
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions of	lementra.				Part I. 24a. WAS AN A PERFORI	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	Atteno schenotic							1 - YES 2 - NO
AN	DID TOBACCO USE CONTRIB  25. WAS CASE REFERRED TO MEDICAL			TH (Check only one)		N LLAN		
SICI	EXAMINER?	OSFITAL:		OTHER:		6 ☐ Other (Specify)		
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIR	IE OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW IN	JURY OCCURED	
ВУБ	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO		1	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci		atreet, fectory, offi	:0	26f. LOCATION (Street ea City or Town, Stete)	nd Number or Rural I	Route Number,
COMPLETED	(Creck only	N: To the best of my knowl in the basis of examination						s) end menner es stated.
BE	290. SIGNATURE AND TITLE OF CONTINUES	Mis	)		29c, LICENSE NUI	MBER 58	≥ 3 De	(Morth, Day, Year)
٥,	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ)	onen (+	Balts	more, No	1.212	30
	APR 0 2 1996	12. REDISTRAR'S SIGN	Shawe	/5/		, , , ,		

State of Maryland / Department of Health and Mental Hygiene 6 09432

					Certific	ate of	Death		Reg. No.	0.	7406
Dhunla	:a	1. Decedent's Name (First, Middle, La		,				2. Dete of De Month	eath Day	Year	3. Time of Death
Physic /Med		Elizabeth.	E War	-d				Marci	0 0	1996	7: 55an
Exami		4a. Facility Nama (If not Institution, give	THE PARTY OF THE PARTY.				4b. City, Town, or		h 4c. County	of Death	
		Johns Hopkins (					Baltin				
Funeral Director	Г	220-05-7103		(In yrs. last b	Yrs. If Ur Mont	ths Days	If Undar 24 Hrs Houra Min		rth ay, Year) /19	Count	aca (Stata or Foraign try) yland
pur *		Usual Rasidance of Decedant  10e. Stete 10b. County		10c City Toy	wn or Location					110	Od. Inside City Limits
fanyla aho	5	MD.			imore					10	1 ☑ Yes 2 ☐ No
the A	Director	10e. Street and Number				Zip Coda			10g. Citizen of V	Affron Count	
ath with 23a or	rai Dir	5505 Hopkins Ba	ayview Ci	rcle		1224			U.S.		tyr
Demit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene.  Important: If item 27 is marked other than 'natural', or items 23a or 28a-f ahow any injury or other traumatic avant, the Medical Exercise must be notified at another.	by Funeral	11. Maritai Status 1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant E Armed Forces? 1 Yas 24 N If Yas, Giva Yeer or Datas:			ecedant of F specify Cub s 2 □No	lispanlc Origin? (Sen, Mexican, Puer Specify:	Specify Yes or No to Rican, atc.)		e - America ck, Whita, a v: Whj	atc.
filed within 72 ho Hygiene. Ither than *natur	Completed	15. Decedant's E (Specify only highast gra Elemantary/Secondary (0-12)	ducation ade complated) Coilaga (1-4or 5-	+)			pation during most of wo d)	orking	16b. Kind of Bu		
hygie her ti		17 Fathada Nassa /First Middle 1 and	1	Wa	aitres	SS	40 14 4 4 1				t Manager
rould be filed within a Mental Hygiene.  Tarked other than natic avant, the Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Men	Be	17. Fether's Nema (First, Middle, Last Rodrick C. Wan					Rose N		, Maiden Suman	18)	
should Ind Meni	10										
d 2 should be file th and Mental Hy 7 is marked oth traumatic avant		19a. informant'a Name/Ralationship (		1			and Number or R				
1 and Health em 27		Janet Collier/ 20a. Method of Disposition	SOCIAL W					Deta C1			
pemit. Pages 1 a Department of Hec important: if item any injury or othe		XDXBurial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specie		Hill:	of Disposition ( ary, crematory rest E	orotherple Buria	l Park		20c. Location - Cumber		
Departiment Important Information		21. Signature of Funaral Sarvica Lice	Harles	<del></del>			Ashton low Spr				c. D. 21222
Physician		23a. Part1. Entar tha diseasa, or com shock, or haart failura. List only	plications that causad ona causa on each tin	tha daath. Do	not antar tha	moda of dyli	ng, such as cardia	c or raspiratory	arrest,		Approximata interval Between Onset and Death
/Medical		Immediata Causa (Finai diseasa or condition	-	Sep	51.5					11	month
Examiner		rasulting in daath)	a		consequence	of):				1	
P 4	ine		b	Thron	m bo cyt	o seni	a			1	month
death certificate be executed e attending physician and ed for use as the burlal-transit	Examiner	Sequentially list conditions,	0.		consequence	oh.				12	
oe ex	E E	Sequantially list conditions, if any, laading to immadieta causa. Enter Underlying Cause (Disaesa or injury	6	Conge	stile	Hea-	1 Failu	n		1/	month
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fing f	Me		d	•							
eath cer attendir for use	lan		u								
the a	Physician/Medical	Pert li. Other significant conditions of	contributing to death but	t not resulting	in the underlyin	ng causa gh	en in Pert I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
hat the de od by the detached								10	Yes 21 No	3 Prob	ebly 4 Unknown
res tha signed t be de	by								Carllenana A	T a.t. 141	e' at
e law requires that tha has been signed by th je 2 should be detache	Completed							24a. Was	s an autopsy ormad?	con	re autopsy findings illable prior to npletion of causa death?
The ate h	TO.							10	Yas 2 No	1 🗆	Yas 2□ No
ysician: The I is certificate hi director, page	Be	25. Was casa rafarred to medical examinar?					26. Piaca of Da	ath (Check only	ona)		
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g Ph		27. Mannar of Death	28a. Data of Injung (Month, Day	(Year) 28b.	Tima of Injury	28c. Inju	y at	28d. Dascribe	how injury occur	red	
death. ctor: Aft y the fur	atio	1 Naturai 5 ☐ Panding invastigatio		, oai,	М		Yas 2 □ No				
4 2 2 0	Certification:	3 Suicide 6 Could not b 4 Homicida detarmined	28a. Piace of Inju- building, atc.	ry - At homa, f (Specify)	arm, street, fac	ctory, office		28f. Location : City or To	(Street and Numb wn, Stata)	er or Rural	Routa Number,
Funer fely fill	edical (	29a. Certifiar (Check only one) 1 Certifying Ph	nysician: To the best of niner: On the basis of a end menner state	axamination at	a, daath occur nd/or invastiga	red at tha tit tion, in my o	ma, data and place opinion, daath occ	e, and dua to tha urred at tha time	causa(s) and ma data and ptace,	nnar as sta and dua to	ated, the cause(s)
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State of Maryland / Department of Health and Mental Hygiene 96 09433

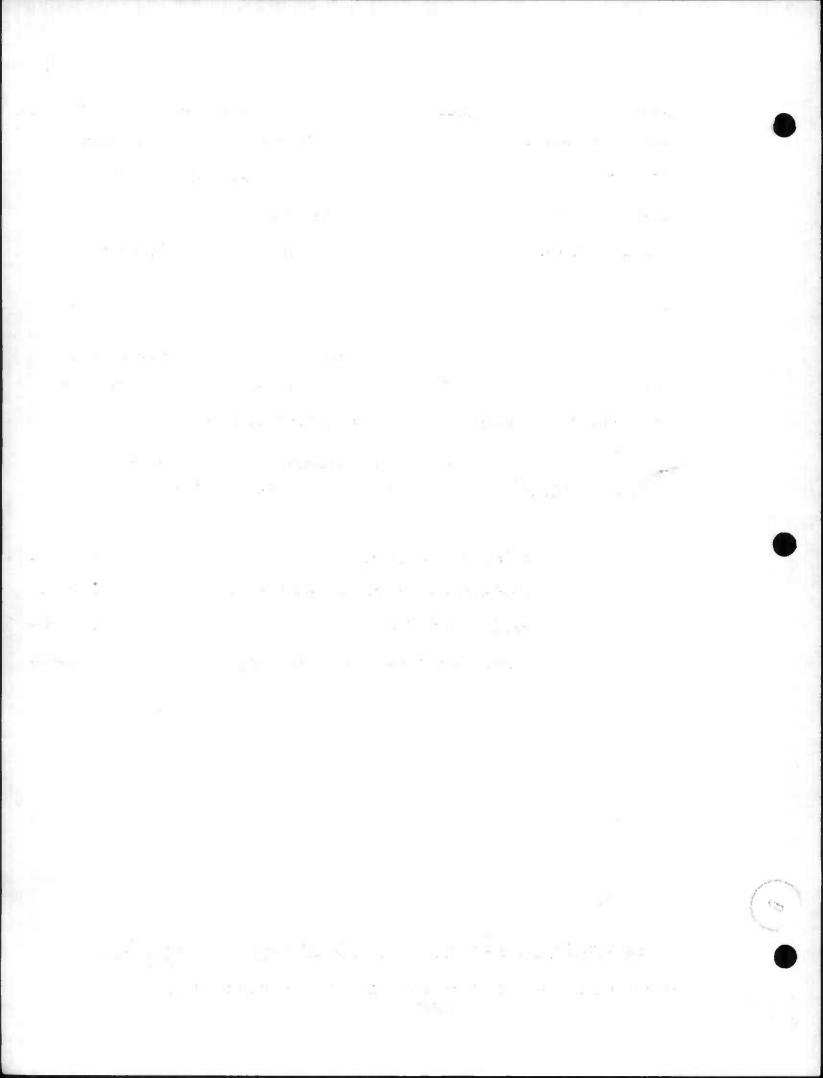
					Certifica	te of	Death		Re	g. No.			, ,
		1. Decedent's Name (First, Middle, La	ist)						2. Date of Death	1		3. Time of	Death
Physic			Edna '	r. Weld	der				Month March	Day 30	Yaar 1996	6.30	P.M.
/Medi Exami		4a. Facility Name (If not Institution, git	re street and number)				4b. City, To	own, or Lo	cation of Death	1	y of Death	0.50	1 • 11 •
LAGITI		Meridian Nurs	ing Center-	-Severna	a Park		Seve	rina	Park	Anne	aru	nde1	
Funeral		Social Security Number 6.	Sex 7. Ag	e (In yrs. last bir	thday) If Und	or 1 Year	if Undar	24 Hrs.	8. Date of Birth (Month, Day,			placa (State o	r Foreign
Director		212 74 7320 Usual Residence of Decedent	1□M 2⊠F	92	Yrs. Months	Days	Hours	Min.	Nov. 28	, 1903	Ma	ryland	
yleng W		10a. State 10b. County 10c. City, Town or Location									1	Od. inside Ci	ty Limits
he Men	Director	Maryland Anne Ar	runde1	Pasad					1			1 🗆 Yes	2 No
death with the Merylend ms 23e or 28e-f show gmy be notified at	rai Dir	10a. Street and Number 8394 Oak Drive			10f. Z	ip Code 211	22		10g. Citizan of What Country U • S •			ntry?	
Fre, Maryland 21215-0020 Is 1 and 2 should be filed within 72 hours effer death with the Merylen of Health hygiene. Item 27 is merked other than "natural", or items 23s or 28s-1 show other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 Navar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedant Armed Forcas?  1  Yes 2 X If Yes, Give Year or Dates:				Hispanic Ori pan, Mexican Specify:		ecify Yas or No- Ricen, etc.)		ce - Amaric ick, White, fy: W		
5-0 72 ho	Completed	15. Decedent's E	ducetion	16a.	Decedent's Us	uai Occu	pation	d of work	1	6b. Kind of 8	Business/Inc	dustry	-71
vithin 7 then "r	De e	(Specify only highest gri	College (1-4or 5	5+)	(Give kind of w lifa. DO NOT	use retire	auring mos ed)	it of worki	ng				
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Aar 2 sho end ie m		19a. Informant's Name/Relationship	Type, Print)		-				il Routa Number,	-			
e, N 1 and Health em 27		Hubert Welder			04 Tarde	'		Nor	th Port				
S = 2		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3 ☐  4 ☐ Donation 5 ☐ Other (Speci		Glen I	f Disposition (Nary, crematory or Haven Me	other ple	ial Pa	ark A	Date 20c. Location - City or Town, Stala  4-8-96 Glen Burnie, Maryland				1and
Balting permit. Pa Department Important: any injury once.		21. Signature of Funeral Service Lice	nsee	7				h					
m 88 = 88		21. Signature of Funeral Service Licensee  22. Nama and Addrass of Facility  Gonce Funeral Home P.A.  4001 Ritchie Highway Baltimore, Md. 21225											
		23a. Part1. Enter the disease shock, or heart failura.	plications that ceused	the death. Do							1100	Annovimet	0
Physician /Medical											1	Interval Bet Onsat and I	Death
Examiner		Immediate Causa (Final disease or condition resulting in death)	a (a)	This	respi	100	fore	_	arre	e	-		
	jē.	Dua to (or as a consequence of):											
uted d ansit	Examiner	Construction Harding and Miles	b	Dun to /or on a	VD								
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68760, ifficete be ext g physician ses the buniel.	cal	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause, (Disease or Injury that initiated avents requiring the doubly lost.  Due to (or as a consequence of):  Due to (or as a consequence of):											
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d of the deat	Sicia	Part II. Other significant conditions of	ontributing to death be	ut not resulting in	tha underiving	ceuse d	ven in Part I	 I.	23b. Did tol	pacco use ci	ontribute to	o the cause o	of death?
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led in			, 010						,				
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5		30. Nama and addrass of person who	complated cause of de	eath (Itam 23a)	Type Prinfi			- 0		( ~	_ /	0	
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Registrar

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	Physici /Medic	cai	MARIE A.  4a. Facility Name (If not institution, give		ALLACE	ζ	4b. City, Town, or L	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND	Dey 01 1 4c. County	Yeer 996 of Deeth	7:40 A.M.	
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	Funeral Director		5. Social Security Number 6. Social Security Number 1	ex 7. Age	(In yrs. lest bii	thdey) If Under 1 Yea Months Dey	or If Under 24 Hrs.	8. Dete of Birth (Month, Day, March 4	Year)	9. Birthple Country	ece (State or Foreign y) York	
	21215-0020 d within 72 hours after death with the Maryland giena. giena. *** The Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Maryland state of the Marylan		Usuel Residence of Decedent  10e. Stete 10b. County  Maryland n/6		Oc. City, Tow		altimore			100	d. Inside City Limits	
			10e. Street end Number 3100 Bancroft Rd	•		10f. Zip Code	21215	10	10g. Citizen of What Country? United States			
020			11. Marital Stetus  1 □ Never Merried 2 □ Married  3 ☒ Widowed 4 □ Divorced	12. Was Decedent Ev Armed Forces? 1 ☐ Yes 2 X No II Yes, Give Year or Dates:		13. Was Decedent of if Yes, specify Cu	Hispanlc Origin? (Sp ban, Mexican, Puerto o <i>Specify:</i>	pecify Yes or No- Rican, etc.)		a - America ck, White, et		
21215-0			15. Decedent's Ed (Specify only highest green Elementery/Secondary (0-12)		5+)		Occupation and done during most of working retired)		16b. Kind of Business/Industry		g Co.	
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lan	A P P S	To Be	Dominick		Fisch	netti	Carolin	ne		Fisch	etti	
, Maryland	and 27		19e. Informent's Neme/Relationship (7 Michael Fischetti	Type, Print) nephew	19b. Mailing Address (Street and Number or Rural Ro. W 10624 Grape Arbor Dr., Po							
altimore,	agas ant of t: If it y or o		20e, Method of Disposition 1 ☐ Burial 2 🏋 Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		cemete	Disposition (Neme of ry, cremetory or other particle) Mount Crem		Dete 2/96	20c. Location - Balti		n, Stete	
Balt	permit. Page Department of Important: If any Injury or		21. Signeture of Fynerel Service Licen	annan	-	22. Name end Add CAFA Step 8717 Gree	lress of Fecility hen D. Lob n Pastures	nrmann P	.A.	e, MD		
	Physician /Medical		23a. Pert1. Enter the disease, of contractions shock, or heart feilure. List only of Immediate Ceuse (Finel					or respiretory erre	est,		Approximete Intervel Between Onset end Deeth	
	Examiner	16	disease or condition resulting in deeth)	Di	ue to (or es e	EMATOM/					week	
	pen nsit	Examiner		U.		TEREBRA	LINFAR	CTS		- 1	week	
68760,	ficate be axecuted physician and s the burial-transit		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury that initiated events	· PANCY	TOPEN	consequence of):				1	month	
Box 687	eath certificate attending phys I for usa as tha	n/Medical	resulting in deeth) Lest	SYNDRONE				marth				
	death certing a attending ad for usa a	sicla	Pert II. Other significant conditions co	entributing to death but	not resulting l	n the underlying cause of	given in Pert I.	23b. Did to	bacco use co	ntribute to 1	the causs of death?	
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<u>=</u>	Tha ata h page	Con						1□ Ye	s No	10	Yes 2□ No	
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ivision of	iding Physician:	ation: To	27. Menner of Death   Vineture  5   Pending     Accident   Investigation	Hospitel: 1 Inpatient  28e. Dete of Injury (Month, Dey Y		Fime of 28c. Inj		ome 5 ☐ Reside 28d. Describe ho			Hospice	
pivis	or Attents a stee dear dear of Director of in by the	Certification:	3 Suicide 6 Could not be determined	28e. Pieca of Injury building, etc. (	/ - At home, le (Specify)	rm, street, fectory, office	8	28f. Location (St. City or Town		er or Rural	Route Number,	
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			Kondale	- Rtau	elen	eus Da	25643		4/1/	96		
	10		30. Name end eddress of person who c	completed cause of dee	th (Item 23e)	(Type, Print)			1			
			DR. KENDALL FAULK	NER 2300 I	DULANE	VALLEY RD	., TOWSON,	MD 212	204			
	Sta Registr	te ar	31. Dete illed (Month, Day, Year) APR 02 1996	Cha Day Son-	iona							



# Film G734 item 24a, 26 per FH 4-2-96 rja Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene O. C.

			Decedent's Neme (First, Middle,		viaryiana / L	Certificate of	Death		Reg. No.	0	9435
	Physic /Medi			John :		Wheatley		Month	Dey 24, 199	Year 6	3. Time of Death 8:30 AM
j.	Exami	ner	4e. Fecility Neme (If not institution,	give street and numb	er)		4b. City, Town, or L	ocation of Deeth			
			542 Chalcot So				Essex,			ltimo	
ı	Funeral Director		5. Social Security Number 220-05-7066	3. Sex 7. 1 ☑ M 2 ☐ F	Age (In yrs. last birt	hday) If Under 1 Year Months Deys	Hours Min.	8. Dete of Birth (Month, De) Aug. 1	, 1920	9. Birthpl Count Mary	ece <i>(Stete or Foreign</i> ry) land
	pu k		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Town	an Location					
	e Maryle la-f ahor	ctor	Maryland	Baltimor			Dundalk			10	od. Inside City Limits  1 Yes 2 No
	th the	)irec	10e. Street end Number			10f. Zip Code			10g. Citizen of V	Vhet Count	ry?
	23a	a	2900 Page Drive	2			21222		United	Stat	es
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland I fleath and Mental Hygiene. If the first state of the flow "natural", or items 23 or 28af ahow other traumatic event, the Medical Examiner must be notified at	by Funeral Director	11. Meritel Stetus  1 □ Never Merried 2 □ Merried  3 ☑ Widowed 4 □ Divorced	12. Wes Decede Armed Force 1  Yes 2[ If Yes, Give Year or Dete	s? □ No	13. Wes Decedent of H If Yes, specify Cub 1 ☐ Yes 2 ☒ No		pecify Yes or No- Ricen, etc.)	14. Rec Bled Specify	e - America k, White, e	
20	72 ho	Completed	15. Decedent's	Education	18a.	Decedent's Usuel Occup	petion		16b. Kind of Bu	usiness/Ind	ustry
21	within 7	nple	(Specify only highest Elementery/Secondery (0-12)	College (1-4d		(Give kind of work done life. DO NOT use retire	d) most or work d)	king			
12	ygier yer th	Co	6 Years			Shear Ch					ustry
and	2 should be filed with and Mental Hygiene. a marked other than aumatic event, the	Be	17. Fether's Neme (First, Middle, La	•			18. Mother's Nem			(e)	
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Maryjand	d 2 st th and 7 is r		Mrs. Dorothy E.			Meiling Address (Street 42 Chalcot					
9	Healt Final		20e. Method of Disposition		20b. Piece of	Disposition (Neme of		Dete	20c. Location -		
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Itin	ortam Srtam Injury		4 Donetion 5 Other (Spe 21. Signature Fundal Service Lice	• •	Gans	of Faith Ce					Maryland
Ba	permit. Peges 1 and 2 Department of Health s Important: If Item 27 is any Injury or other tra 900.0.		) (her	W. 7	il.	22. Neme and Addre Duda-Ruck 7922 Wise					
			23e. Pert1. Enter the diseese, or co shock, or heert feliure. List or	emplications that causely one cause on each	sed the coath. Do n	1					Approximate Interval Between
	Physician /Medical Examiner		Immediate Cause (Finel disease or condition resulting in deeth)	e	metas	tatie &	eury a	ance	L		Onset end Death
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	cate be executed physician and s the burial-transit	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or injury c.								
68760,	sician burle	<u>e</u>	cause. Enter Underlying Cause (Diseese or injury that initiated events	c	200. 100	-					
687	ficate physical sthe	edical	resulting In deeth) Last		Due to (or es e co	onsequence of):					
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P.0	that the de ed by the detached	Physician/M	Pert II. Other significant conditions  (Mrs			the worrying cause gn			obacco use cor ∕es 2□ No		the cause of death? ably 4 Unknown
Records,	The law requires that the death certifiate has been signed by the attending page 2 should be detached for use as	Completed by						24a. Wes a		con	re autopsy findings ilable prior to appletion of cause eath?
Re	The law ate has pege 2	E						101	ea 2 No		Yes 2□ No
of Vital		BeC	25. Wes case referred to medical				28. Place of Dee		/		100 2010
1	Ø 00 TO	ToE	exeminer?	Hospitel:	atient 2 ER/Out	patient 3 DOA Oth	nor	ome 5 Besid		er (Specify	)
	ding Phy h. After thi funeral		27. Menner of Death 1 □ Neturel 5 □ Pending	28a. Dete of in		me of 28c. Injury Wo	ry at	28d. Describe h	ow injury occurr	red	
Sio	Attending or death.	atic	2 ☐ Accident Investiget	ion			Yes 2 □ No				
Division	l or Attending I effer death. Director: After I in by the funer	Certification:	3 Sulcide 6 Could not determine	Zoe. Pieca of	Injury - At home, fer etc. <i>(Specify)</i>	m, street, fectory, office		28f. Location (S City or Tow	Street end Numb m, Stete)	er or Rural	Route Number,
	To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A completely filled in by the fu	edicai C	29e. Certifier (Check only one)	aminer: On the basis	of exemination end	deeth occurred et the tie or Investigetion, in my d	me, dete end plece, ppinion, deeth occur	end due to the o	ceuse(s) and me dete end plece, a	nner es ste	eted. the cause(s)
	ithin ithe	Mec	29b. Signeture end title of certifier	end menner	SIEIEG.	29c. Licens			29d. Dete signed		
	F ≱ F 8			attero	A A4		2009	, '			
			0000			U U	2006/		3/25	16	
	24		30. Name and address of person when IO IZ OI				d., F	Balt.	Md.	212	24.
	Sta Registr		31. Dete filed (Month, Day, Year)	996 32. Hegi	trer's Signeture	- Pandelle					

#### Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** WOOD Suzanne March 28,1996 5:25 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Rossville Baltimore Franklin Square Hospital If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 6 Sax 7. Aga (In yrs. last birthday) Birthplsca (Stata or Foreign Country) **Funeral** 1□ M 2X F Months 213-80-1094 Yrs. Director PA. Feb.13,1915 81 Usuai Residenca of Decedant the Merylend 10a Stata 10b Count 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is merked other than "natural", or thams 23a or 28a-f show traumstic event, the Modical Examiner must be notified at Baltimore Md. Essex 1 ☐ Yes 2 No Director 10e, Street and Number 10f. Zlp Code 10g. Citizen of What Country? with 21221 1 Eastern Blvd. USA permit. Pages 1 and 2 should be filed within 72 hours efter death a Department of Health and Mental Hygiene. Important: if frem 27 is merited other than "natures" any Injury or other traumatic auresting. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 22 No If Yes, Give Year or Datas: 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rsce - American Indian. Black, White, etc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 212 No Specify: þ Specify: White 3 Widowed 4 Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Specify only highest grada completed) (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) 12th Housewife own home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be 2 Michael Pscolyor Anna Motus 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Arthur Wagman 203 WestMontgomery Ave. RockvilleMd. 20850 20b. Piaca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removai from Stata 4 □ Donation 5 □ Othar (Specify) Metro Crematory Inc, 4/2/96 Baltimore Md. 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility Connelly Funeral Home of Essex 300 Mace Ave. onne Baltimore Md. 21221 cations that caused the death on not antar tha mode of dying, such as cardiac or raspiratory arrest, the cause on each line. 23a. Part1. Enter the disease, or com-shock, or heart failure. List gold Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical 2 days Sepsis Examiner Due to (or es e consequence of) The law requires that the death certificate be axecuted iding physician and ise as the burief-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events rasulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): ed by the e Part It. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part i. 23b. Did tobacco use contribute to the cause of death? signed by 1 1 Yes 2 No 3 Probably 4 Unknown à Completed 24a. Was an autopsy performed? 24b. Wera autopsy findings sysilabia prior to completion of cause of death? has 2XXXV0 certificate nding Physicisn: 25. Was case referred to medical examiner? Be 28. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Yes 2 No 1- Inpatient 2 ER/Outpatient 3 DOA this uneral Certification: 27. Manner of Death 28b. Time of 28d. Dascribe how injury occurred 28e. Dete of Injury (Month, Day Year) 28c. Injury at Work? After 1 Netural 5 Pending 1 Yes 2 No investigation death 2 Accident Director: 6 Could not be 24 hours after dea 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) illed in by 4 - Homicide 10 Cartifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, and due to the cause(s) and menner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and pieca, and due to the cause(s) and mannar stated. edical 29a. Certifier (Check only one) 24 within 2 29b. Signatura and title of certifiar 29c. License number 29d. Date signed (Month, Day, Year) RD1911 March 28, 1996 30. Name and address of person who completed cause of death (item 23a) (Type, Print) 9000 Franklin Square Drive H. Assadi, M.D. Baltimore, MD 21237

Registrar

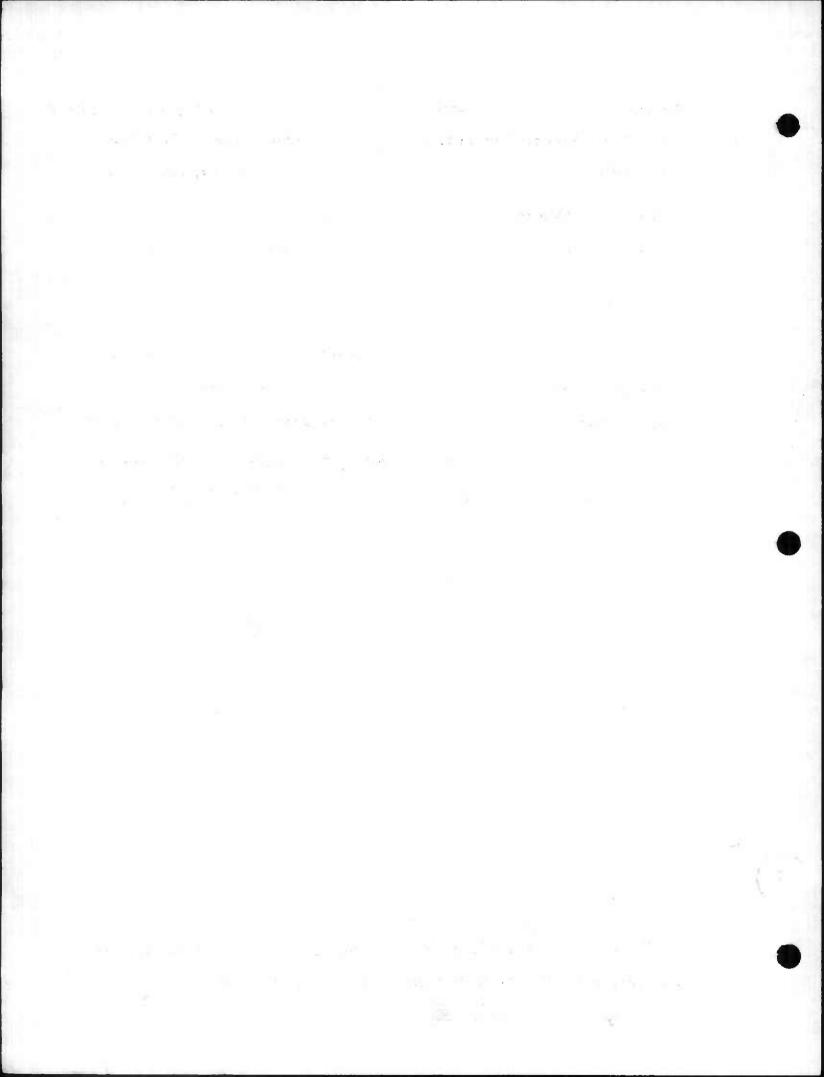
State

31. Date filed (Month, Day, Year)

32. Registrar's Signature

wha Davidson-Randoll

DHMH 16 Rev 6/95



TO ATE RANDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mental hypinens prior to burial, cremation, or removal.

INPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR	RTMENT OF H		MENTAL HYGIEN	E E	0 0 9 4 3 7
	1. DECEDENT'S NAME (First, Middle, Last) TO AN F	-2	ZALEWSKI	IOATE OF	DEATH	2. DATE OF DEATH DATE OF MONTH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH	y / / / / / / / / / / / / / / / / / / /	3. TIME OF DEATH 830 P M
	4. SOCIAL SECURITY NUMBER 220-22-3235	5. SEX 8 1  M 2  XF	AGE (In yrs. lest birthday) 67 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 0 7/19/19	2.8	BIRTHPLACE (State or Foreign Country) PA
TOR	90. FACILITY NAME (If not institution, give st Falston Gen. I	reet and number) Hospital		R LOCATION OF DE	EATH	of DEATH		
DIRECTOR	MD. Harfo			ry, town on Locat				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	2504 Green Sp			2 1	. 0 8 5		U.S	
ВУ	11. MARITAL STATUS 1 Never Married 2XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAF	EVER IN U.S. ARMED  YES 2 NO OR DATES	13. WAS DEC If yes, spi 1YES	ENDENT OF HISPAI ecity Cuben, Mexica 2XXNO Specifi	NIC ORIGIN? (Specify Yea in, Puarto Rican, atc.) y:	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 8		16a. DECEDENT'S (Give kind of life. Do NOT u		N st of working	Own Ho		TRY
	17. FATNER'S NAME (First, Middle, Last)	E3	nousew	110		ME (First, Middle, Maiden	Surname)	- 72
BE	Lawrence Ross 190, INFORMANT'S NAME (Type/Print)	Elgin	19b. MAIL INC	ADDRESS (Street a		Viola Fo		ode)
5	Daniel Zalewski	/ Husb						MD. 21085
	20s_METHOD OF DISPOSITION 1 \( \times \text{Buries} \) 2 \( \text{Cremation} \) 3 \( \text{Remotion} \) 8 \( \text{Population} \) 5 \( \text{Other-Hoperity} \) 0 \( \text{Population} \) 6 \( \text{Population} \) 7 \( \text{Population} \) 7 \( \text{Population} \) 8 \( \text{Population} \) 8 \( \text{Population} \) 8 \( \text{Population} \) 8 \( \text{Population} \) 8 \( \text{Population} \) 8 \( \text{Population} \) 8 \( \text{Population} \) 8 \( \text{Population} \) 8 \( \text{Population} \) 8 \( \text{Population} \) 8 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( \text{Population} \) 9 \( Pop	oval from Stata	20b. PLACE AND DATE	OF DISPOSITION (Na	me of	DATE 20c. LO	CATION - City	y or Town, Stata
	21. SIGNATURE OF THE TALL SERVICE LIP	KI		22. NAME AN Bradl	ey-Ash	ton Funer	al Ho	Ome, Inc.
	23. PART I. Enter the diseases, or shock, or heert feliure.  IMMEDIATE CAUSE (Final	List only one cause	e on each ilne.	,	ds of dying, suc	th as cardiec or respi	iratory srresi	t, Approximats interval Between Onset and Death
	diseese or condition resulting in desth)	DUE TO (C	Atory For as a consequence of	RKEST OF):		(1. 5)		
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (O	PATIC CA	HKCINOMA PFI:	7 0+ 1	PRE ST	MACI	2 yrs
ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEQUENCE O	DF):				
EDICAL C	PART ii. Other significant condition	s contributing to d	eeth but not resulting	in the underlying	g ceuse given in	Part i. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
Σ	DID TOBACCO USE CONT	RIBUTE TO CAU			UNCERTAI	NX		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO	NOSPITAL:	26. PLACE OF DEA	OTHER: 4   Nursing Hom	e 5 🗆 Residence	8 Other (Specify)		
ВУ РН								RED
ED	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF building, et	INJURY — At home, farm, tc. (Specify)	street, factory, offic	•	281. LOCATION (Street City or Town, State)		Rural Route Number,
COMPLET	CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTRO		ny knowledge, death occur mination end/or investigati					cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Baker 1	dus		29c. LICENSE NU	MBER 1567	29d. DATE S	SIGNED (Month, Day, Year)
일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27) (3m)	e Print)	- / 7	100	1	n////

FREISTON GENERAL

DHMH-18 Rev 1/89



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Gypo. Print)

31. DATE FILED (MONTH, Day, Year)
APR 0 2 1996

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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)	- / / . /		ı	2, DATE	OF DEATH	VEAD	3. TIME OF DEATH	
	Eliz	abeth	ZI	er		ARCH 30	1996	6:20 Pm	
			n yrs. last birthday) IF L			OF BIRTH	Cour	THPLACE (State or Foreign	
	220-24-4465  9a. FACILITY NAME (If not institution, give street	M 2 X F	67 YRS.	CITY, TOWN OR LO	Oct	30,1	929 M	aryland	
DIRECTOR	11 00	orial Hosp		1	iore Cit	<i>y</i>	N/A		
ŒC.	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY	
D	Maryland N/A		Balt	imore				1 X YES 2 NO	
AL	10a. STREET AND NUMBER			10f, ZIP	CODE	1	0g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	1820 Spence Str	eet Aparti	ment G07	212	230		Unite	d States	
S		2. WAS DECEDENT EVER IN FORCES? 1 YES			ENT OF HISPANIC ORIGI Cuben, Mexican, Puerto		No- 14. RA	CE — American Indian,	
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	20e. METHOD OF DISPOSITION 1 □ Burisl 2 XCremation 3 □ Removal	20b.	PLACE AND DATE OF DI				ION — City or		
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	Ambrose Funeral Home of Lansdowne								
	22 PART I Enter the diseases at		Ab do ab B		lammonds			21227	
	23. PART i. Enter the diseases, or corr shock, or heart failure. List	t only one cause on as	the death, Do not e	enter tha mode o	of dying, such as car	rdisc or respirat	Orv arrest.		
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month April **Physician** Mary Lee Armstrong 2, 1996 5 a.m. /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Stella Maris Towson Baltimore 5. Social Security Number 220-05-8578 7. Aga (In yrs. last birthday). 85 Yrs. If Under 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. Birthplaca (Stata or Foreign Country) **Funeral** 1 ☐ M 2 💢 F Director Ohio Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mentel Hydiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-4 show any injury or other traumatic event, the Maddel Exercise toust be not find any once. 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 1□ Yes 2 No Baltimore Md. Timonium Directo 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 2311 Chetwood Circle 21093 U.S.A. Funeral 11. Marital Status 12. Was Decedent Evar in U,S. Armed Forcas2. Was Decedent of Hispanic Origin? (Specify Yes or Notif Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Yas 2 No If Yes, Give Yaar or Datas: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No b 3 Widowed 4 □ Divorced Specify: White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College\_(1-4or 5+) Homemaker 12 Housewife 18. Mother's Nama (First, Middle, Maiden Surnama) 17. Father's Name (First, Middla, Last) Be Wilbur Preston Mary Jane P 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) John A. Armstrong, Jr. 3634 Southside Ave., Phoenix, Md. 21131 20b. Place of Disposition (Name of cemetary, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Buriai 2 □ Cremation 3 □ Removal from Stata Druid Ridge Cem. April 4, 1996 Pikesville, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sarvice Licenses 22. Name and Address of Facility 21117 Eckhardt Funeral Chapel Owings Mills Md
Approximate
interval Between
Onset and Death 23a. Part1. Enter the disaase, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Physician /Medical Immediate Cause (Final disease or condition resulting in daath) Congestive Heart Failure Examiner Due to (or as a consequence of): Examiner Acute Myocardial Infarction physician and the burial-transit requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequenca of) attending pl signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ★Unknown Arrythmia Arteriosclerosis ò 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 s 2 No Sertificate 1 ☐ Yes 2 No 1 ☐ Yes director, 25. Was case referred to medical examiner? Be 26. Piace of Death (Check only ona) Hospital: Other: Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA STOTI OF 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. tnjury at Work? 1 Natural 2 Accidant 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, streat, factory, offica building, etc. (Specify) 4 Homicida Hospital 24 hours 12 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifier To the Hosp within 24 ho To the Fune completely fi 29b. Signature and/fittle of certifier 29c. Licanse number 29d. Date signed (Month, Day, Year) 4.7.96 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

31. Date filed (Month, Day, Year)

PR 0 3 1996



Towson, Md. 21204

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PMSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page		a notified at once
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96 11941 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1996 MARCH HEZEKIAH T. ADAMS 30 P 10 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B BURTHPI ACE (Sten DAYS HOURS MIN. 1 XM 2 - F VOS JULY 15. 212-18-9071 1909 COUNTY OF DEATH 9b. C/TV. TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE EDENT 10e STATE 10b. COUNTY 10d. INSIDE CITY 1 TES 2 NO FUNERAL 100. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 WHO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No RACE CE — American Indian, ack, White, atc. It yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Ngrer Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced ACK 18e. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) COMPLI 17. FATHER'S NAME (First, Middle, Last) BE Al INFORMANT'S NAME (%) 2 Buriel 2 Cremetion 3 Rer 306. PLACE AND DATE OF DISPOSITION (Na DATE 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter shock, or heart failure. List only one cause on each line interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) CEREBROVASCULAR ACCIDENT 1 HOUR DUE TO (OR AS A CONSEQUENCE OF) HASCVD 1987 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr injury DUE TO (DR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? COMPLETION OF CAUSE OF DEATH? 1 TES 2 7 70 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NOXIX UNCERTAIN PHYSICIAN: 28. PLACE OF DEATH (Check only one 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL Inpatient 2 ER/Outpatient 4 - Nursing Home XIX Residence 8 - Other (Specify) 9 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1) Natural
2 Accident 5 Pending 1 YES 2 NO ВY Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Trwn, State) 3 Suicide COMPLETED 4 Homicide 29e. CERTIFIER Check only VXX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bgals of examination end/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 586 D10698

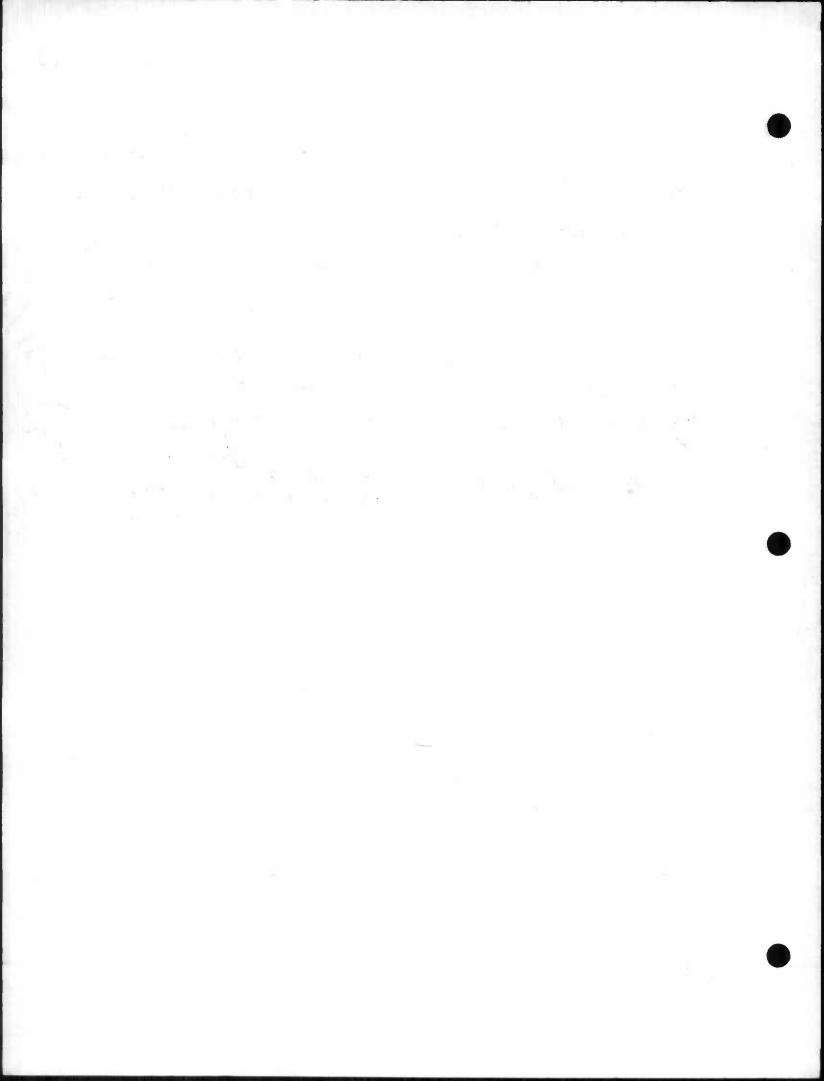
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DONALD C. ROANE, M.D., 1616 FOREST DRIVE, ANNAPOLIS, MD 32. REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year)

n 3 1996

Julia Davidson Randell

DHMH-18 Rev 1/89



Item19a 4-3-96 FilmG734 W.H.Per F/H Please Type or Print In Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 2. Data of Death 3. Time of Death

**Physician** /Medical Examiner

**Funeral** Director

the Maryland show r than "natural", or items 23a or 28a-f short the Medical Examiner must be notified at 72 hours after al Hygiene. pemit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item Z7 Is merked oths any Injury or other trainment

Saltimore, Maryland 21215-0020

**Physician** /Medical Examiner

the burial-transit and P.O. Box 68760. 8 98 atten signed by the al Records, contificate Nivision of Vital ä Affair

death. if or Attend after death Director: /

1. Decedant'a Nama (First, Middla, Last) Month PHYLLTS DOUGLAS ALLEN APRIL 1996 5:00 A.M. 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death MANOR CARE TOWSON TOWSON BALTIMORE If Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) If Undar 1 Yaar 8. Data of Birth (Month, Day, Year) 8/19/21 9. Birthplaca (Stata or Foreign Months 1 □ M 2 🔀 F Davs Hours 74 216-16-2158 MARYLAND Usual Rasidance of Dacedant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 € No Director TOWSON MARYLAND BALTIMORE 10e Street and Number 10f. Zip Code 10g. Citizan of What Country? 300 WEST CHESAPEAKE 21204-4405 LISA 12. Was Decedant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yes, Giva 11. Marital Status 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Marriad 2 Marriad 1 ☐ Yas 2X No Specify: Specify: À 3 Widowed 4 Divorced Yaar or Datas WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) Collega (1-4or 5+) 12th GRADE BOOKKEEPER FURNITURE CO. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be TILLMAN DOUGLAS ALLEN MADELEINE HARTLEY 19a. informant's Name/Ralationship (Type, Print)
Kathryn
CATHERINE STONE 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) P.O. BOX 3936 CHARESTON, W VA 25339-3936 20a Mathod of Disposition 20b. Placa of Disposition (Nama of 20c. Location - City or Town, Stata cematary, cramatory or other place) 1 Ramoval from Stata 4/5/96 4 ☐ Donation 5 ☐ Other (Spacify) CHELMSFORD, MA PINERIDGE CEMETERY 21. Signatura of Funaral Service I transee 22. Nama and Addrass of Facility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. TOWSOL Part. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, nock, or beart failure. List only one cause on each line. 8521 LOCH RAVEN BLVD. TOWSON, MD 21286 Approximata Interval Batween Opsat and Death immediata Causa (Finel disaasa or condition rasulting in daath) Examiner Sequantially ilst conditions, if any, laading to immadiata causa. Entar Undarlying Ceuse (Disaase or Injury that initiated avants rasulting in daath) Last Physician/Medical Dua to (or as a consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24a. Was an autopsy performed? Completed 25. Was casa rafarrad to medical Be 26. Place of Death (Check only ona) axaminar 2

24b. Wara autopsy findings available prior to completion of cause of death? Other: Dursing Homa 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 20 No 1 Yes 27. Manner of Death 28b. Tima of 28d. Dascribe how Injury occurred 28c. injury at Work? Naturel 2 ☐ Accident 5 Panding invastigation 1 ☐ Yas 2 ☐ No 3 Suicide 6 ☐ Could not be datarmined 281. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of injury - At homa, farm, streat, factory, offica building, atc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian

29b. Signature and titla of certifie

29d. Date signed (Month, Day, Year)

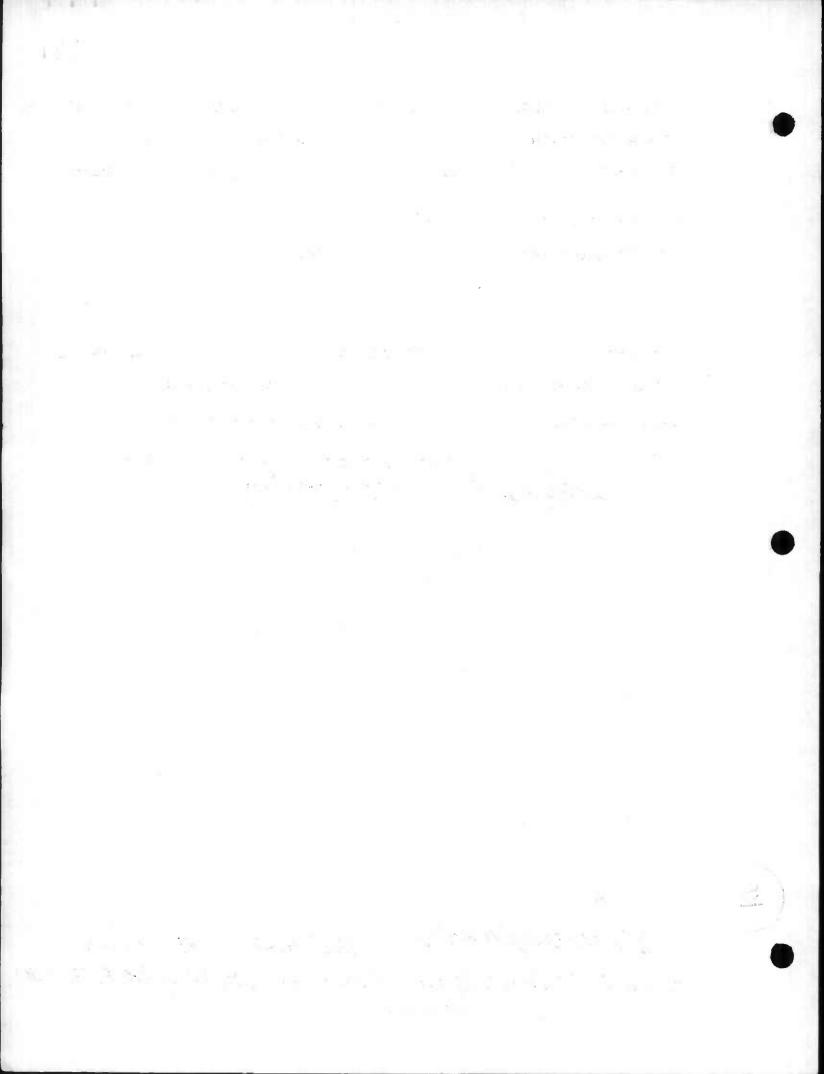
bated cause of deeth (Itam 23a) (Type, Print) hart III MO 500 W Unwarsity Pkny Ballo MD 21210 10 lehart III 31. Date filed (Month, Dey, Yade) APR 03 1996

State Registrar

Certification:

edical

32 Teglstrar's Signatura July Shurley Randall



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State of Maryland / Department of Health and Mental Hygiene Q. 6 0.1.1.2

				,		Certifica			R	eg. No.	U	9442
Е	Physici	an	Decedent's Nama (First, Middle, Last)     Howard The	odore Brigh	n			Month	2. Data of Deeth Month April 2, 1996		3. Tima of Death	
Ų,	/Medi		4e. Facility Nama (If not institution, giva		10, 51			4h City Town or	April Location of Death	1		6 a.m.
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			Usuei Residence of Decedent						1100,7 11 11	11//1	mar y	Lanu
Maryland 21215-0020 2 should be filed within 72 hours after death with the Maryland 1 and Mental hygiena. Is marked other than "natural", or items 23s or 28=4 show reumatic avent, the Medical Examinet must be nothing at	ctor	10e. Stete 10b. County 10c. City, Town or Location Owings Mills								10	od. inside City Limits 1 ☐ Yes ②☐ No	
	al Director	10e. Street end Number 105 Gwynnbroo	10f. 2	ip Code 2111	7	1	10g. Citizen of What Country? U.S.A.					
	by Funeral	11. Maritai Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Evar Armed Forcas? 1 M Yes 2 □ No if Yes, Give Yaar or Detes: K ○ 1		if Yes, specify Cuben, Maxican, Puerto			Specify Yes or No- rto Rican, etc.)		k, Whita, a	mericen Indien, /hita, atc. White	
2	72 ho	ted	15. Decedent's Edu (Specify only highest grade	cation		Decedent's Us	uei Occup	oation during most of wo	orkina	16b. Kind of Bu		
21215-0020	d within giena. r than r	Completed	Eiementary/Secondery (0-12)	Coilege (1-4or 5+)		life. DO NOT use retired) Policeman				Baltimo	ore C	ity
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c	Physician '		shock, or heart feilure. List only or									Oligot gird Dootil
7	/Medical		immediete Cause (Finei diseasa or condition	CHRON	10	MYZI	W6	ENOUS	s Let	KEM	外	3 mos
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68760,	ifficate be axecuted g physician and as the burial-transit		Sequentially list conditions, if any, teeding to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events									
x 68/		/Medical	rasuring in deeth) Last									
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л О	hat the d d by the datached	Physician/N	Pert It. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert i.  23b. Dtd tobacco use contributing to death but not resulting in the underlying ceuse given in Pert i.								atribute to 3 ☐ Prob	1
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يح	Par th		27. Manney of Death 1 Divatural 5 Pending	28a. Dete of Injury (Month, Dey Yea		Time of njury	28c. tnjur Wor	ry at rk?	28d. Describe ho	ow injury occurr	ed	
9	tha	cati	2 Accident investigation 3 Suicide 6 Could not be	20. 21.	<u> </u>	М		Yes 2 □ No	006 1			5. A. M
2	ital or Al its after al Direc led in by	Certification:	4 Homicide determined	28a. Piece of injury - building, etc. (S)	At home, te	rm, street, fecto	ery, office		28f. Location (St City or Town		er or Hurai	Houta Number,
	To the Hospital of within 24 hours an To the Funeral D completally filled it	edicai	29e. Certifier (Check only one)  2 Medicat Examin	sician: To the best of my ner: On the besis of exe end menner steted.	knowledge minetion en	, deeth occurre d/or investigetio	d et the tir n, in my o	me, dete and plec opinion, deeth occ	e, and due to the ce curred et the time, de	euse(s) end me ete and piace, a	nner as sta and due to	ited. the ceuse(s)
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			· Jannaki	ull 1	W)		T)	NST	2	4121	96	
			30. Nama and address of person who co	mpleted ceuse of death	(item 23a)	A POZ	le K	Ed. We	estmins	ter. N	100	4157
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State of Maryland / Department of Health and Mental Hygiene 96 09443

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	Physic /Medi		Susannah	1		Bald	WIN	March	Day	1996	6:05	Ar
7	Exami		4a. Facility Nama (If not institution, give North Aruno	111	ral			urnie	ath 4c. Count	y of Death 1e A	runde	(
	Funeral Director		197-10-1770	Sex 7. Age (In y	rs. last birthda Yrs.	Months Day			Sirth Day, Year)	9. Birthp Cour Penns	olaca (Stata or Fo htry) Sylvania	oreign
	pue *		Usual Rasidance of Decedant  10a, Stata 10b, County	10c.	City, Town or I	Location				1	IOd. inside City L	imite
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	28e	Director	10e. Sfreet and Number			10f. Zip Code	1		10g. Citizen of What Country?			
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21215-0020	2 hou		15. Decedant's Ed	ducation	16a. Dec	edant's Usuai Occ	cupation	- 11	16b. Kind of E			
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	of Health or item 27 is other trau		John Baldwin	204		Old Col	ony Dr.,		7			
altimore,	Pages nent of H ant: If ite ary or of		20a. Mathod of Disposition 1 □ Burial 2 💢 Cramation 3 □	Ramovai from Stata	cematary, cr	amatory or other p	,	Data	20c. Location			
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ć	ortificate be executed ing physician and e es the buriel-transit		Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying									
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XO	ing e	Ž										
.0	requires that the death cer men signed by the ettendir hould be detached for use	Physician/	Part ii. Other significant conditions o	contributing to death but not i	rasulting In tha	undarlying causa	givan in Part I.	23b. Df	d tobacco use c	ontribute to	the cause of d	eath?
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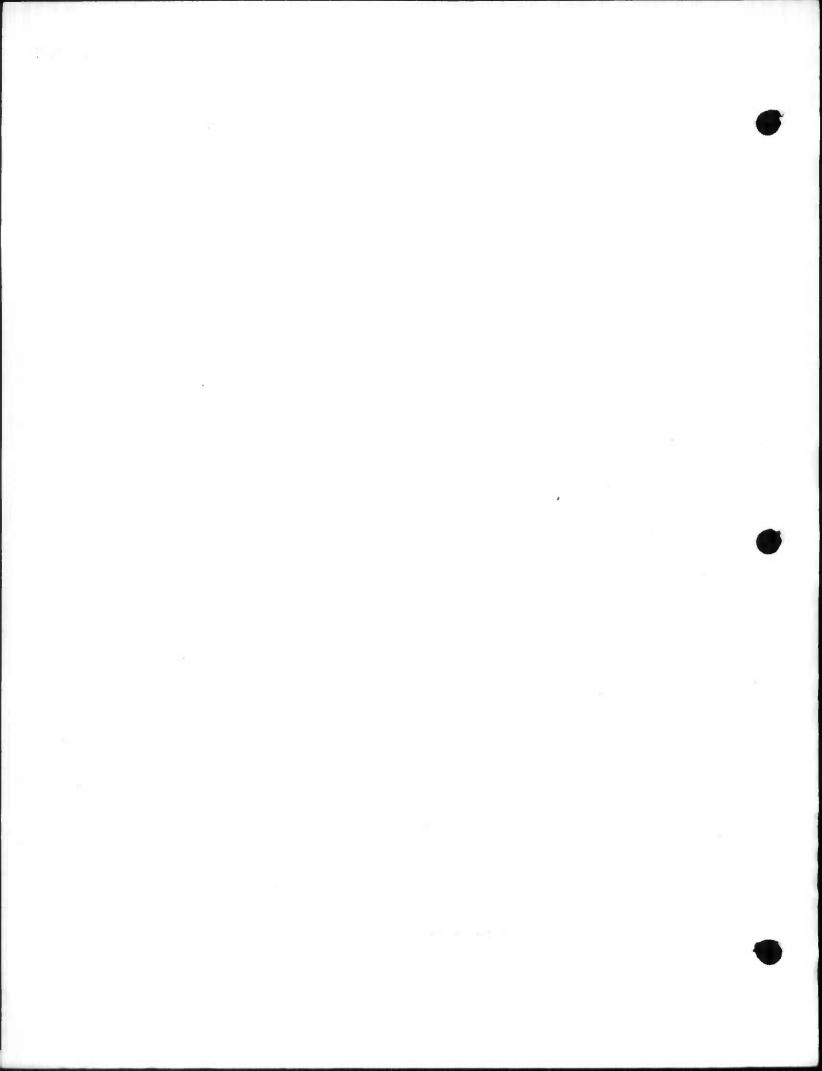
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	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH , DAY YEAR 3. TIME OF DEATH									
	CHARLES	BLUN	ĺ		March 2	9 1996	5:22 P						
	224-50-3284	5. SEX 6. AGE (In yrs.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign						
ron	9a. FACILITY NAME (If not inetitution, give I UNITON MEMORI	etreet and number) AL HOSPITAL		TMORE	CITY	9c. COUNTY OF							
DIRECTOR	10a, STATE 10b, COUNT	JIA	CATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO								
FUNERAL	100. STREET AND NUMBER	nfield A	ve	101. ZIP CODE 2 2 2 1 4	,	10g. CITIZEN OF	/						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes,	PECENDENT OF HISPANIC specify Cuban, Maxican, (ES 2 NO Specify:		or No — 14. RACI Blac Spec	E - American Indian, k, Whita, atc.						
0	15. DECEDENT'S EDU		DECEDENT'S USUAL OCCUPA	ATION	16b. KIND OF BUS	IMESS/IMOUSTRY							
PLET	(Specify only highest grade	College (1-4 or 5+)	(Give kind of work done during life Do NOT use retired.)		Loun	5e 1 Ba							
SOM	17. SATHER'S NAME (First, Attiddle, Last)	1		18. MOTHER'S NAME	[First, Middle Maiden	Surname)							
8 III	Ed Dlur	T		Willi	e Gra	int							
TO BE	190-INFORMANT'S NAME (Typo/Print)	Blunt	196. MAILING ADDRESS (Street	at and Number of Rural Room	AVE Number, City or Town	Balto,	md 2121						
must	20e METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	can etery.	CE AND DATE OF DISPOSITION Crematory or other place)	.1.		CATION - City or To	mn, State						
ехатіпет	22. NAME AND ADDRESS OF FACILITY  A A H - We st  A B D Wabash Ave  23. PART] I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate												
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y, or other CERTIFIC	CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	OUE TO (OR AS A CON	SEQUENCE OF):		· · · · · · · · · · · · · · · · · · ·								
Injury.													
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State of Maryland / Department of Health and Mental Hygiene 96 09445

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		1	30. Name and address of person who	completed cause of dea	oth (Item 23e) (1	vne Print)	5100	O	, "	10		
	4		Robert Robin	(mD >	475	N Boly	edere L	Ne Su	622 R.	Wimone MD		
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	Physician		Immediate Occur (F)	0		- 1					!	Onsat end Deeth
7	/Medical Examiner	П	Immediata Causa (Final diseasa or condition rasulting in daeth)  e. SUSPECTED MYOCARDIAL INCARET 2/  Due to (or es a consequence ot):  CORUNARY ARGERY DIS									
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	ficate be executed physician end is the burial-transit	Examiner	Sequentially list conditions,	J	Dua to (or	as a consec	quence ot):					
68760,	sian curial		Sequentially list conditions, if any, laading to Immadiate causa. Entar Undartyling Ceuse (Disaasa or Injury								1	
876	hysic the b	edical	that Initiated events resulting In death) Last		Due to (or as a consaquence of):							
	5 00										1	
Box	death certif e ettending vd for use e	an		d								
	the et the et	SIC	Part II. Other significant conditions con	ntributing to death bu	ut not rasul	lting in tha u	ndarlying ceusa giv	an In Part I.	23b. Dld to	obacco use co	ntributa to	the cause of death?
P.0	\$ 50 a	Physician/M	SETZURE	= A:	181	RAG	=n		1 🗆 Y	es 2 No	3 Prob	ably Unknown
		by F	2612014	3 100		7000						
Records,	.= 01 73								24a. Wes e		24b. War	ra autopsy tindings ilebia prior to
00	> 34 ()	Set							perfor	madr	com	plation of causa eeth?
Re	ician: The lev certificate hes rector, page 2	Completed								· EDA		
a	icate		05.11							es 2 de	וו	Yas 2□ No
=	centi	Be	25. Was casa rafarred to madical axaminar?	lospital:			Oth	26. Place of Deel				
of Vital	tending Physician: leath. tor: After this certific: the funeral director.	-T	1 Yas 2 PNo  27. Manner of Death	1 Inpatia 28a. Date of Injur		R/Outpatier 28b. Tima o	I 3LI DOA	913-Nursing Ho	ome 5 Resid			
	After funer	on	1 And 1 S ☐ Panding	(Month, Day	Year)	injury	Worl		200. Dascribe n	ow injuly occur	190	
vision	ttending death. itor: After	Cat	2 Accident Invastigation 3 Suicida 6 Could not ba					Yas 2□No	201 1			
<u>-</u>	1 2 2	Certification:	4 ☐ Homicida detarmined	building, ato			aat, tactory, office		28f. Location (S City or Town		er or Hurai	Houta Number,
-	The state of		Service into a new									
JA	Hose tely f	edical	(Check only Medical Exami	ner. To the best of	axamination	rladga, deett on and/or in:	n occurred et tha tin vestigation, In my o	na, data and place, pinion, daath occur	and dua to tha c red at the time, o	ausa(s) and ma late end plece,	nnar as sta and dua to	ited. tha cause(s)
	# uple	Med	one)	and mannar sta	itad.							
4	2 2 5	-	29b. Signature and fittle of certifier	(A)	_	70-	29c. Licans	a number		19d. Date signe	a (Monty, D	ay, Year)
	7		1 Jacob	en	//	11)	800	8544		77-	-/7x	
			30. Name and eddress of person who co	ompleted causa of de	eath (Item	23е) (Туре,	Print)	BACTO			2/2	100
	•		2114 HA	44000	2	KIL	5 /2	SH-C10	· pl	12	2/2	1
	Sta	te	31. Data tilad (Month, Day, Year)	HAND DOLLAR	r's Schatt	1000						
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	MP	S D	23
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_	Acis	香	NY.
	TO THE ALEGEBRA OF A FILE OF THE CAN FREIGH. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO TX FAMERAL DIRECTOR And the forest has been signed by the attending physician and completely filled in by the funeral director, page has a few forest or the forest of the first page. In the state perior of burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be
110	0	101	E S
L	1-0		

COMPLETED BY PHYSICIAN: MEDICAL

BE

2

1 YES 2 NO

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

ANEMIA

											9	D	0944	0
	1 - STATE REGISTRAR	STATE OF I	MARYLAND / Ce	DEPAR						YGIEN EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)  FREOAL, BROOKS  2. DATE OF DEATH MONTH DAY YEA  TIARCH 31199											YEAR	3. TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER 498-03-5867	5. 9EX 1 ☐ M 2 😿 F	6. AGE (In yrs. les			DAYS	IF UNDER	MIN.	7. DATE OF BIRTH 8.		8. BIRTI	BIRTHPLACE (State or Foreign Country) Missouri		
OR	98. FACILITY NAME (If not institution, give street and number)  100 RTH WEST HOSPITAL CENTER  RANDALLS TOWN  BALTIT  BALTIT													
DIRECTOR		county Baltimore				c. CITY, TOWN OR LOCATION  Randallstown							10d, INSIDE CITY LIMITS? 1 TYES 2 NO	
RAL	6 Susanna Ct									WHAT COUNTRY?				
COMPLETED BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 🛣 Marri 3 Widowed 4 Divorced	NT EVER IN U.S. AR 1 YES 2 WAR OR DATES	NO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)					14. RAC Blac	ACE — American Indian, leck, White, stc. poecity:  White				
	15. DECEDEN (Specify only high Elementary/Secondary (0-12) 8th grade	+) (G	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Homemaker  Own Home											
BE CO	17. FATHER'S NAME (First, Middle, Lest)  Pearly S. Barnhart  19. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)													
2	Mr. Harold Ra								allstow			1133		٠.
	20a. METNOD OF DISPOSITION 1	city)		place and date of disposition (Name of Lary, cramatory or other place) FOIL Cremation Service 4/4 Hampstead, Maryla								d		
	21. SIGNATURE OF UNERAL SERVICE LICENSEE LOTING LOTING								and Address of Facility ing Byers Funeral Directors, Inc. Liberty Road Randallstown, MD 21133					
	23. PART Lenter the disease ahock, or heart IMM&DIATE CAUSE (Finel disease or condition resulting in death)	ETES	41	EL			ring, auc	ch aa cardiac	or reap	iratory ar	reat,	Approximinterval B Onset and	atween d Death	
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											72 m		
~	-							200 1111			-			

PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

24s. WAS AN AUTOPSY PERFORMED? I YES 2 NO

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO

PNEUMOTHORAX DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)

HOSPITAL:
1 © Inpatient 2 □ ER/Outpatient 3 □ DOA OTHER:
4 | Nursing Name 5 | Residence 6 | Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?

28s. PLACE OF INJURY — At homs, farm, street, factory, office building, etc. (Specify)

28d. DESCRIBE NOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number City or Town, State)

29e. CERTIFIER

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2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

296, SIGNATURE AND TITLE OF CERTIFIER K. S. RAO. MI. O

8 Could not be

D43462

29d. DATE SIGNED (Month, Day, Year) MIARCH 311996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

IC. C. A. M. D. NORTH WEST HOSPITAL KANDALLSTOWN CENTER K.S. RAD MID MID

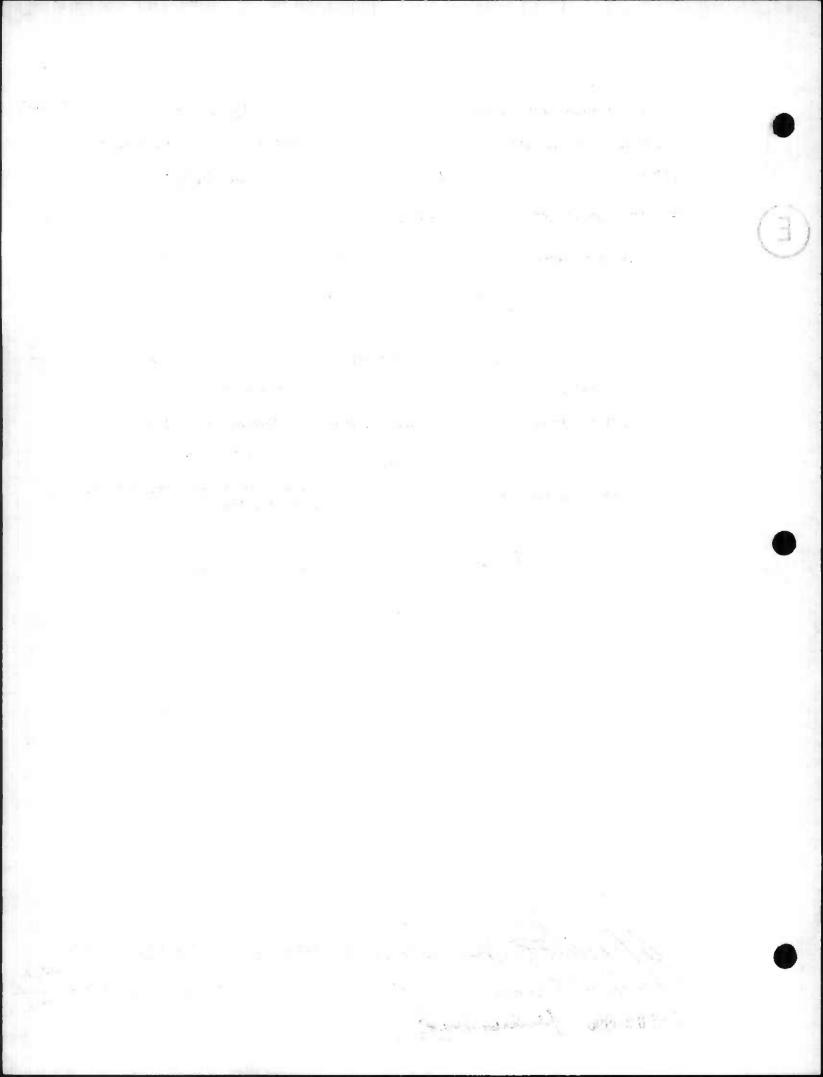
July 32 DEGREE AND THAT THE

8:4".......

State of Law - Branch Sport From

#### Please Type or Print in Black indelible ink. Assure All Copies Are Legible.

		State of Maryl		tificate of			Reg. No.	0 09449	
Physici /Medic	al	1. Decedent's Neme (First, Middle, Last)  Walter Elmer Bayne, Sr.  4e. Facility Neme (If not institution, give street end number)			4b. City, Town, or L	2. Dete of De Month	Dey 3/19	Yeer 3. Time of Death Of Deeth	
Funeral	iei	520 Allegany Avenue 5. Social Security Number 6. Sex 7. Age (In	yrs. last birthday)	If Under 1 Yeer Months Devs	TOWSON If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, De	BALT	IMORE  9. Birthplece (State or Forei Country)	
Director		218-01-6527	94 Yrs.		110010	Apr.30		MARYLAND	
Sa-f sho offilied at	Director	MARYLAND BALTIMORE	TOWSON			10d. inside City Lir 1 □ Yes 2√2			
or hams 23s or 28s-f shor aminer mart be notified at	eral Dire	10e. Street and Number  520 Allegany Avenue  11. Meritel Stetus  12. Wes Decedent Ever in		10f. Zip Code 2120			10g. Citizen of What Country?  USA		
ar, or her Examiner	by Funeral	11. Meritel Stetus  1 Never Merried 2 Married  3 Wildowed 4 Divorced  12. Wes Decedent Ever in Armed Forces?  1 Yes 2 No If Yes, Give Yeer or Detes:	If	Yes, specify Cube	lispanic Origin? (Sp en, Mexican, Puerto Specify:	echy Yes or No Rican, etc.)	14. Race - American Indian, Black, White, etc.  Specify: WHITE		
A Medical	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12) College (1-4or 5+)	16a. Deced (Give ) life. D	ent's Usuel Occup kind of work done OO NOT use ratired	eation during most of work d)	ing	16b. Kind of Bus	siness/industry	
ked other ic event, it	Be	7 n/a  17. Fether's Neme (First, Middle, Last)  Samuel J. Bayne	P1	umber	18. Mother's Nem		Meiden Surneme	tor's Industr	
27 is mark r traumati	To	19e. Informent's Neme/Reletionship (Type, Print)  Janet Marie Davis	and Number or Run	1a K. Kellum or Rural Route Number, City or Town, State, Zip Code) Towson, MD 21286					
Important: If item 27 any injury or other tr once.			Ob. Plece of Dispos cemetery, crem	sition (Neme of satory or other plea		Dete APRIL		City or Town, Stete	
		21. Signature of Fuperal Service Licensee  Lower M. Lemmon		Neme end Addre Lemmon F			ulaney \	Valley, Inc.	
ing physician and se as the burial-transit	Medical Examiner	if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that individual events as each of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	to (or es e conseque	vence of):	Cord	5.0	,		
ed by the attending p detached for use as	Physician/Me	Pert II, Other significant conditions contributing to death but not	resulting In the un	derlying cause giv	en in Pert i.	23b. Did tobacco use contabuts to the cau		tabulis to the cause of deat	
De d	Completed by F					24a. Wes	an autopsy med?	24b. Were autopsy findings aveileble prior to completion of cause of death?	
certificate ha	Ве Соп	25. Wes case referred to magnet			28. Place of Deet	1 D		1 ☐ Yes 2 ☐ No	
di di	2	exeminer?  1  Yes 2  Hospitel: 1 Inpatient 2  27. Menne of Deeth 1 Neturet 5 Pending (Month, Dey Year) 2 Accident Investigation	2 ER/Outpetient 28b. Time of Injury	28c. Injur Wor	er: 4 Nursing Ho	me 52 Resid	dence 8 Othe		
	Certification:	3 Suicide 4 Homicide  6 Could not be determined  28e. Place of Injury - A building, etc. (Sp.)	At home, ferm, stre ecify)	et, fectory, office		28f. Location (S City or Tov	Street and Numbe vn, Stete)	er or Rural Route Number,	
Funeri tely fill	Medical	29e. Certifier (Check only one)  1 Certifying Physician: To the best of my cone)  2 Medical Examiner: On the basis of examined manner steted.	knowledge, deeth ninetion end/or Inve	estigetion, in my o	pinion, deeth occurr	ed at the time,	dete and plece, a	nd due to the cause(s)	
BE		29b. Signature apd fitteyof certifier		29c, Licens	19umber		∠90. Dete signed	(Month, Dey, Year)	
To the		30. Name and eddress of person who completed cause of deeth (i	nelle	rint)	09383		5/1/2	ch 96	



Item1 4-3-96 FilmG734 W.H.Per F/H
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State of Maryland / Department of Health and Mental Hygiene 96 09150

					Cer	tificate of	Death		Reg. No.	0 (	13430
	Physic	an	1. Decedant's Nama (First, Middle, La	•				2. Data of De Month	eth	Voer	3. Tima of Death
	/Medi		CHARLES	Carrut	h	-CARRI		MARCH		996	05:41 A
<i>)</i> -	Exami	ner	4a. Fecility Nema (If not institution, given	a street and number)			4b. City, Town, or	Location of Deat	4c. Count	y of Death	
	Funeral		2800 GREENMON 5. Social Security Number 6.5	T AVE Sax 7. Aga (In yrs. Ia:	st birthday)	If Undar 1 Year		ORE 8. Data of Bir	th	9. Birthoi	ace (State or Foreign
п	Director		217-62-6086	M 2□F 42	Yrs.	Months Days	Hours Mir		y, Year)	Coun	(X)
	pur *		Usual Rasidence of Decedant  10a. Stata 10b. County	10c City	Town or Loc	retion					ad testale Other tiles in
	Maryla 4 sho	20	MD	6	214	PI				1	od. insida City Limits  Yes 2 □ No
	r 28a	Director	10e. Street end Number		24 11	101. Zip Coda			10g. Citizen of	What Coun	try?
	23a o		2711 Monte	bello Terro	ace	2	1214		U.	S. A	
	after death with the Marylan or Items 23s or 28s-f show miner man be notified	Funeral	11. Meritei Stetus	12. Was Decedant Ever in U,S. Armed Forcas?		Vas Decedent of Yas, specify Cub	Hispanic Origin? (	Specify Yes or No rto Rican, etc.)	14. Ra	ce - Amarica	
20	rs aft	by F	1 Navar Married 2 Married 3 Widowed 4 Divorced	1 XYas 2 No If Yas, Giva Yaar or Detes:	1	☐ Yes 2 No	Specify:		Specil	y No	200
21215-0020	be filed within 72 hours after death with the Maryland ital Hyglene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be nootled at	ted	15. Decedant's E	ducation	16a. Deced	ant's Usuai Occu	pation	2470	16b. Kind of B	usiness/Ind	Distry
218	within 7 ene. than "n	Completed	(Specify only highest gri Elemantary/Secondery (0-12)	Collega (1-4or 5+)	(Giva I lifa. D	kind of work done OO NOT usa retire	during most of wo	orking			
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Maryland	Wental F Mental F rked of	Be c	17. Fether's Nema (First, Middle, Last	courter			18. Mothers Na	ma (First, Middle	Maldan Sumar	na)	
ary	S D E E	To	19a. informant'a Name/Ralationship (	Type, Print)	19b. Mailing	g Addrass (Stree	t and Number or F	Rural Routa Numb	er, City or Town	Stata, Zip	Code)
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ore	-fif		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐	cen	natery, cram	ition (Nama of etory or other ple	oce)	Date	20c. Location	- City or To	wn, Stata
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Bal	permit, Pa Departmen Important: any injury 2008.		21. Signature of Funaral Service Licar	nsaa O	22.	Nama end Addr	ass of Fapility	5 Fund	ml H	erno.	2222-26
_	10.5%		23a Pull VEnter the disease or com	A Kuss dep	Do and and	J. Non	A Au	Bal	to. M	D 2'1	216 Approximata
	Physician		23a. P. Enter the disaasa, or com shock, or heart failura. List only	ona causa on eech lina.	DO HOL AMA	i tra moda or dy	ing, such as calule	ic or raspiretory e	irasi,		intarval Between Onset and Death
	/Medical		Immediate Causa (Final disaasa or condition	. GUNSHOT U	WILM	DOE	LEAD			i	
	Examiner		resulting in daath)		as a consequ		(10.3)				
	nsit ted	Examiner		b							
,	execu n and ial-tra	Exar	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying	Dua to (or a	is a consequ	iance of):				i	
68760,	icate be executed physician and s the burial-transit	edical	Causa (Diseesa or injury that Initiated avants resulting in death) Last	c. Dua to (or a	s e consequ	ance of):					
99 ×	beath certificate be executed attanding physician and of for use as the burtal-transit	2	Toodking in death) Last	4							
		Physician/		0.						1	
P.O.	ires that tha death signed by the atta d be detached for	nysic	Part ii. Other significant conditions of	ontributing to death but not rasulti	ing in the un	derlying causa gi	ven in Part I.				the cause of death?
٣.	s that med b	by Pl						. 10	Yaa 25(No	3 Prob	ebly 4 Unknown
Division of Vital Records,	iaw requires that tha death as been signed by the attar s 2 should be detached for	ted t							an autopsy rmed?	24b. Wa	re autopsy findings liable prior to
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Nis	of Atta	Certification:	3 Suicida 8 □ Could not b determined	28e. Place of Injury - At hom building, atc. (Specify)	a, farm, stre	at, factory, office		28f. Location ( City or To	Street and Numi	ber or Bura	Routa Number
۵.	ortal o	_	/ ·		STRET	-		2800 Bik	GREENIN	round	AVE, MD
3	Fig.	edical	29a. Certifier 1 ☐ Certifying Ph (Check only one)	yaician: To the best of my knowled inner: On the basis of axamination and mennar stated	edge, death n and/or inve	occurred at tha ti estigation, in my	ma, date and plac opinion, daath occ	e, and dua to the urred et tha tima,	causa(s) and m data and place,	annar as sta and dua to	the cause(s)
	COMP COMP	Me	29b. Signatureland title of certifier	0000	1	29c. Licen	sa number		29d. Data signe	ed (Month, L	Day, Year)
			▶ Glanne	F Salla	W	0.0	M.E.		MARCH	14.	1996
			30. Nama and addrass of person who	the World		Print)					
			MARIO F GOME			enn St	reet, B	altimor	e, Mar	ylan	d 21201
	Sta Registr		31. Data filed (Month, Day, Year) APR 03 1996	32. Registrar's Signatur	4 .						
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		-			Death		Reg. No.	96	09451
1. Decedant's Name (First, Middla, Last) Edward Cant	_					2. Date of Dec		996er	3. Time of Death
le. Facility Nama (If not Institution, give s	street end number)				4b. City, Town, or		7	ity of Death	
5919 Baltimore	St.				Baltimo	ore	I	Balti	more
5. Social Security Number 6. Sex 170 20 6291	7. Age	(In yrs. lest birtho	Month	der 1 Year ns Deys		8. Deta of Birth	y, Year	9. Birth	place (Stata or Foreign W York
Usuel Residence of Decedant									
Maryland Balti		10c. City, Town o	ltimo:	re					10d. Inside City Limits 1 ☐ Yes 2 🗗 No
10e. Street and Number 5919 Baltimo:	re St.		10f. i	Zip Coda 21	.207		10g. Citizen o	f What Cou	untry?
11. Meritel Stetus  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva Yaar or Datas:		if Yas, s	cedent of pecify Cut	Hispenic Origin? (Span, Maxican, Puerl Specify:	pecify Yas or No- to Rican, atc.)		eck, White	tcan Indian, ,, atc. White
15. Decedant's Educ (Specify only highast grade Elemantary/Secondary (0-12)	cation e co <i>mplatad)</i> Coilage (1-4or 5+	1 .	ecedent's Usiva kind of la. DO NOT		pation a during most of word a aman	rking	16b. Kind of	Businass/l	
17. Fathar's Nama (First, Middla, Last)  Belisarious	Cantoral		. W. C. C.	2210		ma (First, Middla,			8
19e. Informant's Name/Relationship (7y) Catherine Cantoral		19b. M	lalling Addra	ass (Stree Ltimo	t and Number or Ru re St. I	aral Routa Numbe	e, MD 2	n, Steta, Z 21207	ip Code)
1 DBuriel 2 Cramation 3 R. 4 Donation 5 Other (Specify) 21. Signature of Fineral Secrete License 23. Part I. Enter the disease of complication, or heart failure. List only on		Holly	22. Name Bruzo	end Addr dzins	ess of Facility ki Funera Eastern	al Home l	PA	nore	Co., MD
Immedieta Causa (Final diseasa or condition asulting in death)					no large			of	Interval Between Onset and Death
Sequentially list conditions, if any, leeding to immadiate causa. Entar Underlying	D.	ua to (or as a con	sequance o	of):					7 1913
Cause (Disease or injury thet initiated events resulting in deeth) Last	Di	ue to (or es e con	sequance o	f):				1	
lot II. Other elselfloom and date as	adb at - a - a - a - a		2			1 000 0144	ALERO CON		
art II. Other eignificant conditions conf	mouning to death out	not resulting in th	ia undanyin	g cause g	van in Parti.	1)23			to the cause of death?
							an autopsy rmed?	a c o	Vare autopsy findings vallable prior to ompletion of causa f daath?
25. Was casa refarred to medical axaminar?	ospital:	• C 500		Ot Ot	her _	ath (Check only o	ina)		
7. Manner of Death 1 ⊠Netural 5 □ Pending	1 ☐ Inpatiant 28a. Data of Injury (Month, Day	28b, Tim	a of	28c. Inju	4 LI Nuising F	lome 52 Resid		ther (Spec urred	ify)
2 Accident invastigetion 3 Suicida 6 Could not be datarmined	28a. Piece of Injury building, atc.	/ - At homa, farm, (Specify)				28f. Location (S City or Tow	Street and Num yn, Stata)	nber or Ru	ral Route Number,
29a. Cartifiar 1 Certifying Physi	ician: To tha best of								

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

Director

Funeral

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Completed

Be

2

**Funeral** 

Director

parmit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Hatilb and Mertal Hygiene.
Important: If team 27 is marked other than "natural", or items 23s or 23s-f show any injury or other treumatic event, the Medical Exercites man be notified at

Baltimore, Maryland 21215-0020

Examiner or attending Physician: The law requires that the death certificate be axecuted after death. ed by the attending physician and detached for use as the burial-transit Physician/Medical es centificate has been signed by director, page 2 should be detac by Completed Be Certification: To this Alhar Director:

Division of Vital Records, P.O. Box 68760,

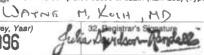
State Registrar

**DHMH 16 Rev 6/95** 

Medical

31. Data filed (Month, Dey, Yaar) APR 0 3 1996

29b. Signature and title of certifian



30. Nama and eddrassia person who complated cause of death (Itam 23a) (Type, Print)

MD

135051

P.O. BOX 41401

BALTIMORE, MD 21203-6402

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State of Maryland / Department of Health and Mental Hygiene 96 09452

					Ce	rtificate of	Death		Reg. No.		13472
Discola		1. Decedent's Neme (First, Middle	, Last)					2. Data of Do Month	eath Dey	Year	3. Tima of Death
Physic /Med		Luella		Campbe:	11			April			10:00 PM
Exami		4e. Fecility Neme (If not institution,	give street and number	)			4b. City, Town, o	or Location of Dee	th 4c. County	of Deeth	
		Old Court Nur	sing Home					11stown		ltimo	re
Funeral			6. Sax 7. A 1 ☐ M 2 ☑ F	ge (In yrs. last		If Under 1 Yaa Months Days	r If Undar 24 H	n. 8. Date of Bi	rth ay, Year)	9. Birthpl	laca (State or Foreign
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aho aho	5	3.75		roo. Ony, 1						"	1 ☐ Yes 2 🔯 No
he N	Director	Maryland Balti	more		Ka	ndallsto	WII				
15-0020 In 72 hours after death with the Maryland In 72 hours after death with the Maryland In 72 hours 18-6 show beginst Examiner must be notified as	급	10e. Street end Number 5412 Old Cou	rt Poad			10f. Zlp Code	1133		10g. Citizen of 1	Whet Coun	try?
eath	Funeral	11. Marital Status	12. Was Deceden	Fver in U.S.	13			(Specify Yes or N		e - Amarica	an Indian
ter d	F	1 Naver Married 2 Marrie	Armed Forcas	?	10.	if Yas, specify Cu	ban, Maxican, Pue	(Specify Yes or Nerto Rican, atc.)	Bla	ck, Whita,	
J. O. J.	by	3 ₩idowed 4 Divorced	If Yes, Give Year or Detas:			1 ☐ Yes 2 ☒ No	Specify:		Specify	v: Wh	ite
A I A I S-00 CO  d within 72 hours af glene.  r than *naturel; or , the Medical Exam	Ped	15. Decedent	s Education	1	6a. Dece	dent's Usuei Occu	pation		16b. Kind of B		
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d 212 filed within Hygiene. rither than	E O	12 Years	College (1-40)	34)	H	omemaker			Own	Home	<u> </u>
be filed that Hygied dother event, in	Bec	17. Fether's Neme (First, Middle, L	ast)				18. Mother's N	eme (First, Middle	, Maiden Suman	ne)	
should be ad Mental marked o	To	George	Smith					Ella	Lee		
S S S E E		19e. Informent's Neme/Reletionsh	ip (Type, Print)	1	9b. Meili	ng Address (Stree	et and Number or	Rural Route Numi	per, City or Town,	State, Zip	Code)
		Mr. Samuel M. C	ampbell, Ji	. Son	211	Hawthorn	e Avenue	Pikesv	ille, Ma	arylar	nd 21208
of Healt item 2		20e. Mathod of Disposition	- 5-	20b. Place came	of Dispo	osition (Name of matory or other pl	ace)	Dete	20c. Location	City or To	wn, Stata
Definition Pages 1 at Department of Heal Important: If Item 2 any Injury or other once.		1 Suriel 2 ☐ Crametion 4 ☐ Donetion 5 ☐ Other (Sp		9		ldge Ceme		Apr 4,	Pikesv	ille,	Maryland
mit.		21. Signeture of Funaral Service L	icansee		2:	2. Nama and Addi	ass of Fecility				
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Physician		shock, or heart feilure. List o	nly one cause on eech	line.			111111111111111111111111111111111111111			i	Intervel Between Onset and Deeth
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death certificate be executed death certificate be executed attending physician and dror use as the burtal-transit	Examiner	Sequentially list conditions	b	Due to (or es	e conse	quença of):					
rial a		Sequentielly list conditions, if any, laeding to immediate cause. Enter Underlying Cause (Disease or Injury				4				1	
ficate be ex physician is the burial	Aedical	thet illitiefed events	C	Due to (or es	e consec	guanca of);				+	
o ph as th	Ped	rasulting In death) Last								i	
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e death	Physician/	Pert il. Other significant condition	s contributing to death	but not resultin	a In the u	inderiving cause o	iven in Pert I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
. 5 20	hy							10	Yes 2 No	3 ☐ Prob	pebly 4 Tunknow
requires that meen signed be hould be dete	by							-			
necolds, he law requires ti a has been signe									s an autopsy ormed?	24b. Wa	are autopsy findings allable prior to
law requir	piet							-	omiour	cor	mpletion of cause death?
	Completed							10	Yes 2□No	10	Yes 2□ No
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Physicien: this certific ral director,	ToB	examiner? 1 ☐ Yes 2 ☐ No	Hospitel: 1 ☐ Inpat	lent 2□FR/	Outpatie	nt 3 DOA	ther:	Home 5 Res		ner (Snecifi	v)
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or Amending are ceath. Director: After I in by the fune	fice	3 ☐ Suicida 8 ☐ Could no	ot be 28e. Placa of In	jury - Al home	, ferm, st	reet, fectory, office		28f. Location	(Street and Numl	ber or Rura	Route Number,
를 들는 다른	Certification:	4 Homicide	building, e	tc. (Specify)				City or 10	iwn, State)		
To the Haspital or within 24 holf att To the Funeral Dir complately filled in		29e. Certifiar 1☐ Certifying	Physician: To the best	of my knowled	ige, deat	h occurred et the	lime, dete end ple	ce, end due to the	cause(s) end m	enner es st	eted.
Nater Pu	edicai	(Check only 2 Medical E	xaminer: On the besis of end menner s	of examinetion	end/or in	vastigetion, in my	opinion, death oc	curred at the time	, dete and place,	and dua to	the cause(s)
within 2 To the	M	29b. Signature and title of certifiar	10				nsa number	(11	29d. Dete signe	d (Month, I	Day, Year)
		see!	TOS	-	>		2096	54	41	3/9	6
5		30. Name and address of person w	tho completed cause of	death (Item 23	a) (Type	Print)	2096 berty Pl			( "	
		Jerone H	- Ginsho	CS		030 Lil	berty (P)	AZA M	111	211:	33
Sta	ate	31. Dete filed (Month, Day, Year)	22. Flegist	rııda Signature			1 4 1				
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year **Physician** 3:30 A.M lancy 1996 on /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Henne mont Baltimore 7. Age (In yrs. last birthday) If Under 1 Yeer Months Deys If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number Birthplace (State or Foreign Country) **Funeral** 10 M 20 F 212-32-4495 95 Yrs. Director Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits itam 27 is marked other than "natural", or itams 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at Yes 2 No Da Director 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 103 3 permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Heath and Mental Hydrene. Important: If Itam 27 is marked other than "natural", or Items 23s any injury or other traumatic avant. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 14. Rece - American Indian, Bleck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 D(No If Yes, Give Baltimore, Maryland 21215-0020 1 Yes 2 No Black þ Specify: 3 □ Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 2th grade Domestic 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) llam Ihomas P 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or/Town, State, Zip Code) to, mal 0 iedment Daughter 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State Dete 1 ⊠ Burial 2 □ Cremetion 3 □ Removel from Stete 4/4/96 4 ☐ Donetign 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Neme and Address of Fecility March F. H. West wabash Grenne 4300 23e. Pertí. Enter the diseese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervai Between Onset end Deeth **Physician** 1 pisense Autrio selevatic /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) Examiner Examiner attending physician and for use as the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Box 68760. certificate be Physician/Medicai Due to (or es e consequença of): 80 980 Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. ed by the a Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t d be detach ceso 1+ inte Decabites u/cers 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Was en eutopsy Completed peen certificate has 1 Yes 2 No 1 Yes 200 No 25. Wes case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 1 Yes 2 No 2 5 ☐ fesidence 6 ☐ Other (Specify) this funeral 27. Menner of Breth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Medical Certification: After t To the Hospital or Attending within 24 hours after death.
To the Funeral Director: After To the funeral Director: After the funeral Director of the funeral Director of the funeral Director of the funeral Director of the f 5 Pending investigation 1 ANatural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 - Homicide 1 Cortifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, end due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and pieca, end due to the cause(s) end menner steted. 29e. Certifier (Check only one) M.D Nanda/1/story, und 21133. 30. Nema and address of person who completed cause of deeth (Item 23e) (Type, Print) Steelikerty OUA ZIA APR 0 3 1996

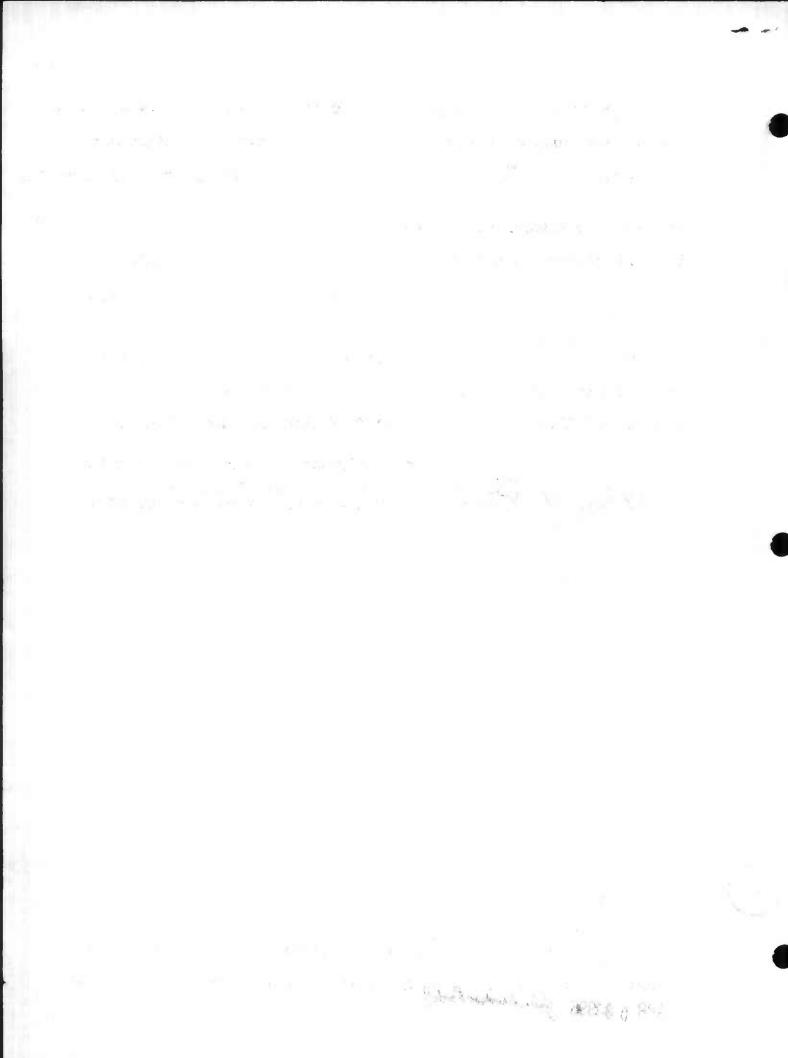
Registrar

State of Maryland / Department of Health and Mental Hygiene 96 09454

					Ce	rtificate of	Death		Reg. No.		740	,
	Division 1		Decedant's Nama (First, Middla, Last)					2. Dete of Dee	eth	Vans	3. Time of	Deeth
	Physici /Medi		Frances	Margare	t	Du	ffy	April	2, Day 199	96	6:00	AM
)	Exami		4a. Fecility Nema (If not institution, giva street				4b. City, Town, or					
			St. Joseph Medica	l Center			Tows	on	Balt	timo	ce	
	Funeral Director		5. Social Security Number 6. Sex 217-09-5556 Usuel Residence of Dacadant	7. Age (In yrs. 91	last birthday) Yrs.	If Under 1 Yeer Months Days		8. Date of Birth (Month, Day NOV • 23	/, Year)	9. Birthpi Count Palto	ace (State or lry) . Mar	Foreign yland
	how		10a. Stete 10b. County	10c. C	ty, Town or Lo	ocation				10	d. Insida Cit	
	o Mo	cto	Maryland Baltimore	e Co.	Towso	n					1 🗆 Yes	2 No
	or 2	Directo	10e. Street and Number			10f. Zip Coda			10g. Citizan of V	Vhat Coun	iry?	
	eth v	rai		Apt.#129		2128			U.S.			
020	2 should be filed within 72 hours after death with the Menfand and Mental Hygiene. Is marked other than "natural", or items 23s or 28=f show raumatic event, the Medical Examiner must be notified at	by Funeral	11. Merital Stetus  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Ye	as Decedant Ever in Uned Forces?  Yas 27 No 'as, Give' or or Detas:		Wes Decedant of If Yes, apecify Cult  1 ☐ Yas 2 ☐ No	Hispanic Origin? (S ben, Mexican, Puerl Specify:	pecity Yes or No- to Rican, etc.)		e - America ck, Whita, a :: Whit	itc.	
Maryland 21215-0020	ithin 72 ha	Completed	15. Dacedant's Education (Specify only highast grada comp Elamantary/Secondery (0-12) Co	elated) llega (1-4or 5+)	16a. Dece (Giva lifa.	dant's Usual Occu kind of work done DO NOT usa ratire	pation during most of wor ed)	rking	16b. Kind of Bu	usinass/Ind	ustry	
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anc	od la b	Be	17. Fathar's Nema (First, Middle, Last)					ma (First, Middla,	Meiden Sumam	a)		
2	12 should be find and Mental is marked of raumatic eve	2	Frank Gwinner Moyer  19e. Informant's Name/Reletionship (Type, Pri	201	10h Maill	no Address (Street	Margare		City of Town	Otata Zin	Codel	
	s 1 end 2 should f Heelth and Mer tem 27 is merks other traumatic		Mrs. Ann D. Milligan	11/		_	Road Ti				,	
re,	of Heelth of Heelth I item 27 i		20a. Method of Disposition	20b.		osition (Nama of matory or other pla		Deta	20c. Location -			
E	Peges nent of I int: If ite		1 ☐ Burlai 2 ☐ Cramation 3 ☐ Ramove 4 ☐ Donetlon 5 ☐ Other (Specify)	i iroin Stata			Corp. 4/0	3/96	lowson, M	iarvla	and	
Baltimore,	permit. Peges 1 el Department of Hee Important: if item any injury or othe once.		21. Signature of Funerel Sarvice Licensee J		Gair 2	2. Nama end Addr Ruck Tow	esa of Fecility Son Funer	al Home,	Inc.	-		
			23a. Pany. Entershe disease, or complications abock, or heart failure. List only one care	that caused the dee			k Road T			21204		
	Physician /Medical Examiner			ebrovasc							Approximata Interval Batw Onset and D	reen leeth
t.	D #	ner		ial Fibr	illat	upence of):				1		
	tificete be executed og physician and es the burial-fransit	Examiner	Sequantially list conditions, if any, leading to immediate	Due to (	or as a consac	quance of):						
68760,	sician buria		Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disaase or injury that initiated events							-		
Box 68	death certificate be executed e attending physician and ed for use es the burial-transit	n/Medicai	resulting in death) Last	Due to (	or as a consec	quence of):				     		
m.	death cer a attendin d for use	icia	Part II. Other significant conditions contributing	a to death but not rea	sulting in the u	inderiving cause a	iven in Pert t	23h Did t	obacco usa co	ntribute to	the cause o	f cleath?
P.O.	at the de by the e	Physician/I	Congestive Hear		-	ildonying occoso g	WOIT HT FOIL C.		/88 2□ No			
Ś	es that igned to be det	by										
sion of Vital Records,	lew requires that the as been signed by the 2 should be deteche	Completed	Aspiration Pneu	monia				24a. Was i	an autopsy med?	ava	ra autopsy fi ilabla prior to npletion of ca leath?	0
T T	The ate h	Con						1 🗆 Y	as 💥 No	1□	Yas 2XI	No
<u> </u>	ysician: The s certificate director, pag	Be	25. Was casa refarred to medical axaminar?					ath (Check only o	na)			
5	Physician: rthis certificatel director,	To	1 ☐ Yas 2 🛣 No Hospital  27. Mannar of Death 28a	A inpatient 2L	ER/Outpatier 28b. Tima o	IL SEL DON		lome 5 ☐ Resid			)	
sion	ending saft. or: After he fune	ation	1 XNeturel 5 ☐ Panding invastigation	Data of injury (Month, Day Year)	tnjury	Wo	ork? Yes 2 No	280. Dascribe ii	ow injury occur	190		
2	a Disco	Certification:	3 Suicida 6 Could not be datarmined 28e	Placa of injury - At h building, atc. (Special	oma, farm, str y)	reet, factory, office		28f. Location (S City or Tow		er or Rura	Route Numb	ber,
	n 24 hou	edical	29e. Cartifiar (Check only one)  1 Certifying Physicten: 2 Medicat Examiner: On an	To the best of my known the besis of examined mannar stated.	wiedge, deat ation and/or in	h occurred et tha t vastigetion, in my	ima, deta and place opinion, daath occu	o, and dua to tha d arred at tha time, d	causa(s) and ma data and piaca,	nnar as stand dua to	ated. tha causa(s)	
	With To #	M	29b. Signatura and title of curtifies			29c. Licen	se number		29d. Data signe			
			( XSn	w,	Con	D 3	7254		4-	2 -	96	
	U		30. Neme and addrass of person who complete Boon P. Lim, M.D.				l Cente	r, Tows	son, Ma	aryla	and	
				AL MARCHAN	all			-		_		

DHMH 16 Rev 6/95

· Registrar



State of Maryland / Department of Health and Mental Hygiene 96 09455

Certificate of Death	Reg. No.	0 100
2. Date o	of Death 3.	Time of Death
DISNEY	RIL 1 1996 1	1220 AM
street and number)  4b. City, Town, or Location of E		
FILL PARKVILLE	Baltimore	
7. Age (In yrs. last birthday) If Undar 1 Yaar   If Undar 24 Hrs. 8. Data o		(State or Foreig
M 2017 89 Yrs. Months Days Hours Min. (Month Dec.	10, 1906 Maryla	
	1011700 110171	LIU
10c. City, Town or Location	10d. In	nside City Limit
ore Parkville	1	□ Yes 2 Th
10f. Zip Code	10g. Citizen of What Country?	
LL 21234	USA	
12. Was Decedent Evar In U.S. 13. Was Decedent of Hispanic Orlgin? (Specify Yas o		dian,
Armed Forces? if Yas, specify Cuban, Mexican, Puarto Rican, atc. 1 ☐ Yas 2 ☑ No		
If Yes, Give 1 ☐ Yes 2 ♣ No Specify: Yaar or Datas:	Specify: WHITE	
cetion 16a. Decedent's Usual Occupation	16b. Kind of Business/Induatry	
a completed)  (Giva kind of work done during most of working life. DO NOT use retired)		
OPERATOR	Telephone	
18. Mother's Name (First, Mic	ddle, Maiden Sumame)	
CATHERINE	Herman	
vpe, Print) 19b. Mailing Address (Street and Number or Rural Route No		9)
	rimore, Md. 2123	
20b. Piace of Disposition (Name of Data	20c. Location - City or Town, S	
Removal from State cemetery, crematory or other placa)		1.1
PARKWOOD Cemetery 1996	PARKVIlle, N	19
22. Nama and Address of Facility  Fixants Chance Los Meno	noise .	
EVANS Chapel of Mem 8800 HARFORD Rd Ba	Ito, Nd. 21234	
ications that ceused tha death. Do not antar tha mode of dying, such as cardiac or raspirato	ry arrast, Appr	roximata rvai Between
	Ons	et and Deeth
lying concer metastatic		VEAC
a. Ung concer metustric  Due to (or as s consequence of):		1
b		
Due to (or as s consequence of):		
c .		
Due to (or as a consequenca of):		
d		
ntributing to death but not resulting in the underlying causa givan in Part i. 23b.	Did tobacco use contribute to the	cause of deat
	1 2 108 2 □ No 3 □ Probably	4 Unkno
	performed? avsilable	utopsy findings e prior to
	complet of death	tion of ceuse
	1 ☐ Yes 2 🕱 No 1 ☐ Yas	2 □ No
26. Place of Death (Check o		
fospital:	Residence 6 Other (Specify)	
28a. Date of injury 28b. Tima of 28c. Injury st 28d. Descr	ribe how injury occurred	
(Month, Day Year) Injury Work?  M 1 ☐ Yes 2 ☐ No		
28e. Piece of injury - At home, farm, street, factory, office 28f. Location	on (Street and Number or Rural Rou	ite Number,
building, etc. (Specify)	r Town, State)	
  sician: To the bast of my knowie¢ge, death occurred at the time, date and piace, and due to	the cause(s) and manner or stated	
ner: On the basis of examination and/or investigation, in my opinion, death occurred at the ti	me, date and place, and due to the	cause(s)
29c, Licensa number	29d. Date signed (Month, Day,	Year)
		,
DUCOS 05 29 59	1476	
ompiered dause of deeth (item 23a) (Type, Print)	and the tele	
ompleted attuse of deeth (item 23a) (Type, Print)  WKA 2914 E. Joppa Rd. Balto. Md.	21234	

96-1708-027

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

ITEM#8&10b film g734 4/10/96 ag

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death

	ŀ
Physician	l
/Medical	-
Examiner	4

3. Time of Death 1955 PM

**Funeral** 

B.K.S

Director

Director by Funeral Completed

Be 2

permit. Peges 1 and 2 should be filed within 72 hours after death with the Merylend Department of Heelth end Mental Hygiene. Important: if them 27 is marked other than "natural", or herm 23a or 28a-f show eny injury or other traumatic event, the Medical Examiner must be notified as along

Baltimore, Maryland 21215-0020

**Physician** /Medical **Examiner** 

Examine Physician/Medicai þ sign Completed Be Medical Certification: To this filled in by the funeral After death. 24 hours after deal Funeral Director:

To the Hospital or Attending Physician: The law requires thet the death certificate be axecuted Division of Vital Records, P.O. Box 68760.

neg. No.												
1. Decedant'a Nama (First, Middla,	, Last)							2. Data of Dea		Va		3. Tima of Death
MICHAEL	JAMES	DI	CKEN	IS		JR		MARCH	23	, 19ª	96	1955 B
4a. Facility Nama (If not Institution,		r) -				4b. City, To	own, or L	ocation of Death	4c.	County of D	eath	
ROUTE#1 AND	DORSEY R	OAD							Н	OWAR	D	
5. Social Sacurity Number	6. Sex 7. A 1)XXM 2□ F	Aga (In yrs. last bir	N	f Undar 1		If Undar Hours	24 Hrs. Min.	8. Data of Birth (Month, Day	196	9.	Birthp	iaca (Stata or Forei
579-90-6367	IALIAN SUIT	27	Yrs.					July 7,	100	58 Wa	sh	ington DC
Usual Rasidence of Dacedant  10a. Stata  10b. County	NNE ARUNDE	10c City Tow	n or Locati	ion							14	0d. Inside City Limit
21	Arunde.	Li ros ony, ron		nover	,						'	1 ☐ Yas 2 🕅 N
10e. Street and Number											0	
				10f. Zip C	OOA	0407			iog. Citiz	ten of What	Coun	try?
1416 Gesna Dr			40.14	. D	-0 -4 1	2107				USA		and all an
11. Marital Status	12. Was Decedar Armed Forces 1 ☐ Yas 2 🛭	?	if Ya	as, specify	y Cubi	an, Maxica	n, Puarto	pecify Yas or No- Rican, atc.)		14. Race - A Biack, W		
1 Navar Marriad 2 Marrie 3 Widowed 4 Divorced	If Yas, Giva Yaar or Datas		1 🗆	Yas 2X	(I)(No	Specify				Specify:	112	ok.
15. Dacedant's			Decedant	t's Henai (	Оссия	ation			16b Kir	nd of Busina	3 la	
(Specify only highast	grada complated)		(Giva kind	d of work NOT usa	dona	during mos	st of work	king	100.10	IG OF BUSHIE	i a ay ii re	lustry
Elamantary/Secondary (0-12)	Collaga (1-4o	r 5+)		Maint						Resta	aur	ant
17. Fathar's Nama (First, Middla, L.				IQ I II C	,0110		ar's Nam	a (First, Middla,	Maidan :		4 (4)	4110
Michael Ja	ames Dicke	ens Sr				Ma	rla	J.		Berry	/	
19a. Informant's Name/Raiationshi	ip (Type, Print)	19b	. Malling A	Addrass (	Street	and Numb	er or Ru	ral Routa Numbe	r, City or	Town, Stat	a, Zip	Coda)
Michael J. Dicke	ens Sr. (Fa	ther) 1	416 (	Gesna	a Di	r. Ha	nove	r, Md. 2	2107	6		
20a. Mathod of Disposition		20b. Place of	f Disposition	on (Nama	of	201		Data	20c. Lo	cation - City	or To	wn, Stata
1  Burial 2  Cramation : 4  Donation 5  Other (Spa		Holy					4	/2/96	Glei	n Burr	nie	. Md.
21. Signatura of Funaral Service Li		11013	_		-	ss of Facili		72/30	410			, ,,,,,,
1 1125	Time !		Sta	allin	ngs	Fune	ral	Home PA				
23a. Part1. Entar tha disèase, or c shock, or haart failura. List o	complications that caus	ed the death. Do t	311	11 Mc	of dvir	tain_	Rd.	Pasadena or raspiratory are	Monest Mo	d. 211	22	Approximata
shock, or haart failura. List o	nly one cause on each	lina.			,.							intarvai Between Onsat and Death
Immediata Causa (Final		1 1- 1		T -		^						
diseasa or condition rasulting in daath)	a. 1110	Utiple Dua to (or as a		tajo	W	100				-	+	
		Dua to (or as a	consequar	nca ot):							į	
0	b	Dua to (or as a	200000000000000000000000000000000000000	nan afti							+	
Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury		Dua to (or as a t	consaquar	100 01).								
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rasulting In daath) Last		244 10 (01 40 4 1	onooquan	.00 01/.							-	
	d							-			+	
Part li. Other significant condition	a contributing to death	but not rasulting in	n tha unda	rtying cau	ısa qiv	an in Part	B.	23b. Dfd to	obacco	use contrib	ute to	the cause of deat
	•			,					'es 2			pably 4 □ Unkno
									-	,		

24a. Was an autopsy

24b. Wara autopsy findings available prior to compiation of causa of death?

2 2110 26. Placa of Death (Check only ona)

25. Was casa rafarred to medical axaminar? XYas 2□ No

27. Mannar of Death

1 Naturai

2 Accidant

3 ☐ Sulcida

29a. Certifian

4 Homicida

28a. Data of fnjury (Month, Day Year) 3-29-96

28b. Tima of 1945

1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury at Work? 1 TYas 2 € No

Other: 4 Nursing Homa 5 Residence 6XX that (Specify) ROADWAY 28d. Dascribe how injury occurred redestion

Struck by Truck

28a. Place of Injury - At homa, farm, straat, factory, office building, afc. (Specify) Roadway

28f. Location (Straat and Number or Rural Route Number, City or Town, Stata) US JD Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

(Check only one) 29b. Signatura and title of certifian

29c. Licansa number O.C.M.E

29d. Data signed (Month, Day, Year) MARCH 30, 1996

30. Nama and address of person who completed cause of death (item 23a) (Type, Print)

Hospital:

5 Panding invastigation

6 Could not ba datarmined

10

Powler 111 Penn Street, Baltimore, Maryland 21201 20 Registrar's

31. Data filed (Month, Day, Year) APR 0 3 1996

State Registrar

To the

Market and American

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Day 1996 Month March 25, Evans 11:26 AM 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Calvert Memorial Hospital Lusby Calvert if Undar 1 Yaar If Under 24 Hrs. Birthplace (State or Foreign Country) 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 1□M 213 F Yrs Aug. 18, 1928 Maryland Usual Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Calvert 10f. Zip Coda 10g. Citizan of What Country? 11050 George Street 20657 United States 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas ②☐ No If Yas, Giva Year or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican indian, Black, Whita, atc. 1 ☐ Nevar Married 2 1 Married 1 Yas 2 No Specify Specify 3 ☐ Widowed 4 ☐ Divorced White 15. Decedant's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) College (1-4or 5+) Retired Social Security Adm. 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Thomas E. Bull Oda Eleanor Sindall 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) / Husband 11050 George Street Lusby, MD 20b. Placa of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Hereford Baptist Cemetery 3/29 Hereford, Maryland 21. Signature of Funarai Sarvice Licanse 22. Nama and Addrass of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 23a. Part 1. Inter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, anock or heart failure. List only one cause on each interest of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr Approximata intarvsi Batween Onset and Death -ew ear-00 Due to (or as a consequence of) Dua to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 Yes 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 1 Yas 1 ☐ Yas 2 ☐ No 28. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of injury (Month, Day Year) 28c. injury at Work? 28b. Time of 28d. Dascribe how injury occurred 1 ☐ Yas 2 ☐ No

26

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at

death with the Maryland

filed within 72 hours after

I Hygiene.

permit. Pages 1 and 2 should be filed a Department of Health and Mental Hygier Important: if item 27 is marked other the any injury or other treumatic event, the 2008.

21215-0020

Baltimore, Maryland

Carletta

5. Social Security Number

220-22-4844

10a. State

Maryland

11. Marital Status

10e. Street and Number

12th grade

Roy W. Evans

ata Cause (Finei

20a. Mathod of Disposition

Director

Funeral

ģ

Completed

Be

use as the burial-trar director, page 2 should be detached for

The law requires that the death certificate be executed P.O. Box 68760. physician signed by Division of Vital Records. peen this certificate has Attending Physician: After or Attending after death.

Director: Af of In by the fu

To the Hospital o

30. Nama and address of person who completed causa of daath (Item 20e) (Type, Print) Dr. Anwar Munshi
31. Data filed (Month, Day, Year) State Registra

APR 03 1996

disaasa or condition rasulting in death) Sequantially list conditions, if any, laading to immediata causa. Entar Underlying Cause (Disaase or injury that initiated events resulting in daath) Last Physician/Medical Part Ii. Other significant conditions contributing to death but not rasulting in the undarlying causa given in Part i. 20 þ Be Completed SSE 25. Was case rafarred to medical axaminar? 1 Yas 2 No 2 27. Mannar of Death Certification: 1 Saturel 5 Panding investigation 2 Accidant 3 Suicide 6 Could not be 28a. Place of injury - At home, farm, atreet, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha time, deta and piace, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or invastigetion, in my opinion, daath occurred et tha tima, deta and placa, and dua to the causa(s) and mannar stated. Medical 29a, Certifier 29b. Signatura and title of certifier 29c. Licensa number 29d. Date signed (Month, Day, Year) Allende

Registrar's Signature

**DHMH 16 Ray 6/95** 

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death March 29, **Physician** MOSELLE ERWIN 1996 4:45 PM /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** GENESIS ELDERCARE MULTI-MEDICAL TOWSON BALTIMORE | If Under 24 Hrs. | 8. Date of Birth | 9. Birth, Hours | Min. | July 29,1919 | N. | If Under 1 Yeer Months Deys 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country)
N. Carolina **Funeral** 1 □ M 2 1 F 76 215-14-9233 Director Usual Residence of Decedent Peges 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene. net of Health and Mental Hygiene. nt: If Item 27 is marked other than "natural", or items 23 sor 28 a-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show polical Examiner must be notified at Yes 2 No Director MD N/A Baltimore 10e. Street end Number 10f. Zin Code 10g. Citizen of What Country? 703 Wilbron Avenue 21216 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian, 11. Marital Status Black, White, etc. 1 Never Married 2 Merried 1 Yes 2 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by If Yes, Give Yeer or Dates: Specify 3 Widowed 4 Divorced **Black** Completed the Medical 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 18a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) Social Security Elementary/Secondary (0-12) College (1-4or 5+) Office personnell 12th 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be John Bryant Maggie Robinson 10 19a. tnformant's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Odell Robert Jennings 703 Wilbron Ave, Baltimore, MD item 2. 20b. Placa of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition Date 20c. Location - City or Town, Stete Important: If it any injury or o once. 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Pege Department of Arbutus Memorial Park 4/3 Arbutus, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility
LEROY O. DYETT & SON FUNERAL HOME, 21. Signet of Funerel Service Licano 4600 LIBERTY HEIGHTS AVENUE, BALTO.2120 nter the diseaser heart failure or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, ist only one cause on each fine. Approximate interval Between Onset and Death **Physician** immediate Cause (Final disease or condition resulting in deeth) /Medical 3 month metastatic colon concer Examiner Due to (or as e consequence of) Examiner that the death certificate be executed physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) 98 for use signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 ☐ Unknown Diabetes þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Moertension hes pege 2 Ischemic Cardio myopat 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No tospital or Attanding Physician:

hours after death.

uneral Director: After this certifica director, 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 1 Naturai 2 Accident 5 Pending 1 Tyes 2 No investigation 8 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Funeral edicai The Certifying Phyatoten: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner as stated.

2 Medicat Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) MD 96 040208 30. Name end addless of person who completed cause of death (Item 23a) (Type, Print) Lutherville 1205 york Rd Ste 32C Breiner 31. Dete filed (Month, Dey, Year) APR 0 3 1996

**DHMH 16 Rev 6/95** 

State Registrar

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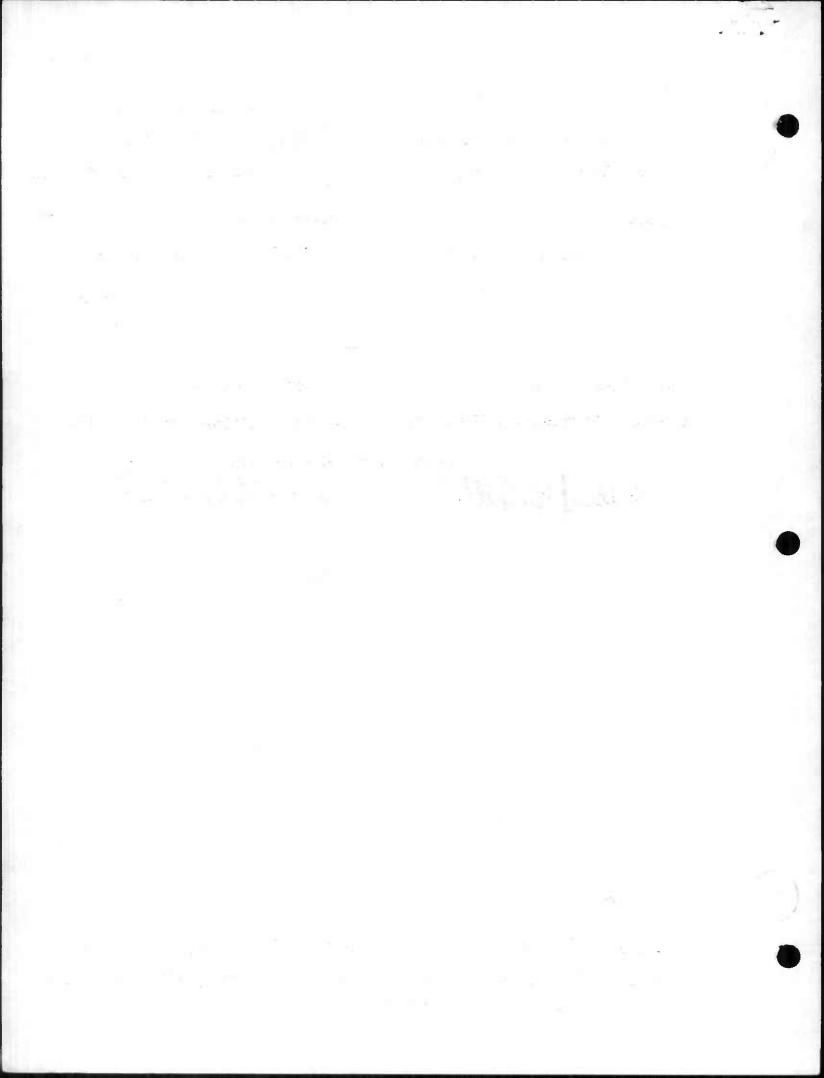
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yland buld be file Mental Hy	atic avent	To Be C	17. Father's Nema (First, Middla, Last)  Robert Frank		Fre	lama (First, Middla, eda Cohen	Maldan Sumama)	
Heal	other		19e. Informant's Name/Reletionship (Type, Print)  Sara Frank (Wife)  20e. Mathod of Disposition  XX Burial 2 □ Cramation 3 □ Ramoval from Stata		s (Street and Number or rood Road E na of thar place)			9
permit. Peges 1 at Department of Hear	any injury		4 Donetion 5 Other (Specify) Ar ]  21. Signature of Funerel Service Licensee	SOL LE	d Address of Facility VINSON & BF	ROS., INC.		
Phys /Me Exan	dical niner	er.		th. Do not entar tha mod	1	lec or respiretory an	rest,	MD 21215 Approximata Intarval Batween Onset and Death  2 weeks
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a law requires that	e 2 should be	Completed b	•			24a. Was a	med?	24b. Wara autopsy findings available prior to complation of cause of death?
Physician: The	otor	Be	25. Was case rafarred to medical examiner?			1 □ Y Death (Check only or		1 Yes 2 No
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Hospital or Attend 24 hours after death		Certification:	4 Li Homicida building, atc. (Speci			City or Tow	n, Stete)	or Rural Routa Number,
To me Hospital	Di.	Medical	29a. Certifier (Check only one)  1 ☐ Certifying Physician: To the best of my kni (Check only one)  2 ☐ Madical Examiner: On the basis of axamine and menner stated.  29b. Signetura end titla of certifiar	ation and/or Invastigetion,	in my opinion, daath oc License number	curred at the tima, o	lete and place, and 29d. Deta signed (	d dua to tha causa(s)  Month, Day, Year)
(	Stategistra	le	30. Nama and addrass of person who completed causa of death (Ite  Ane M. Peter nel, M.D., 240)  31. Data filad (Month, Day Yoar)  APR 03 1996		52402321 ere Bat	himore,	MD 2	1215

DHMH 16 Rav 6/95

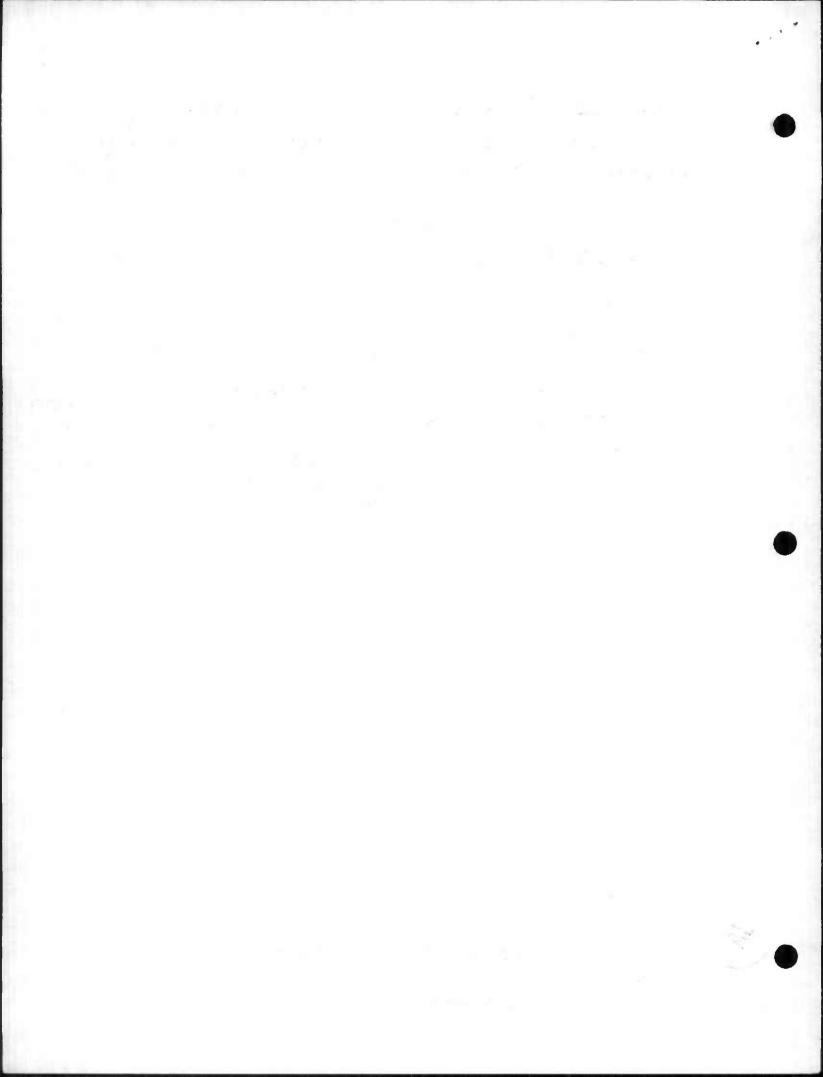
# Items 4c, 10d 4-3-96 Film 734 W H Per F/H Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 09460

						Certificate of	Death		Reg. No.		03100
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	/Medi				FAIRCL	0+4		APRIL	1 1	996	10:33 PM
3	Examiı	ner	4e. Facility Neme (If not institution, gi				4b. City, Town, or	Location of Deel		of Death	N/A
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	Funeral Director		240320260	Sex 7 1□M 2月至F	Age (In yrs. lest bir	Yrs. Months Deys		8. Date of Bi (Month, D NOV 24	1918	Coun	oleca (Stete or Foreign on Carolina
	and **		Usuel Residence of Decedent  10e. Stete 10b. County		10c. City, Tow	n or Location				1	Od. Inside City Limits
	Sa-f sho	Director		N/A			altimore	City			1) Yes ZMNo
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21215-0020	n 72 hours after death with the Maryland "natural", or flams 23s or 28s-f show odical Examiner must be notified at	by Funeral	11. Meritel Stetus  1 Never Married 2 Merried  3 2 Widowed 4 Divorced	12. Wes Deceder Armed Force 1  Yes 2 If Yes, Give Yeer or Deter	s? XNo	13. Wes Decedent of If Yes, specify Cu  1 ☐ Yes 2 ☒ No		pecify Yes or No o Rican, etc.)	Specify	e - Americ ck, White, /: Wh	
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Ore	8 5 = 0		20e. Method of Disposition 1 X Burlel 2 ☐ Cremetion 3 [	☐Removel from Ste		Disposition (Neme of ry, crematory or other pl		Dete	20c. Location -		
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Baltimore,	permit. Page Department of important: If any injury or once.		21. Signeture of Funeral Service Life	milton J	Kylight Jr	22. Name and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Same and Additional Sa	٠ ١		J. Ruck, ore, Md.	,	
			23e. Pert1. Enter the disease, of don shock, or heart feilure. List only	plicetions that caus	ed the deeth. Do r						Approximate Interval Between
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State of Maryland / Department of Health and Mental Hygiene 96 09461

						Certifica	ate of L	Death	,	Reg. No.	0 0	1340	) 1
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	Physic /Medi		MARGARET	0. 56	ALLion				Month	129 199	Yaer	9:45	P.M.
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Maryland 21215-0020	d within 72 hours after death with the Maryland jiene. I then "naturel", or items 23a or 28a-f show the Madical Examiner must be notified at	8	15. Decedant's E	Yaar or Detes:	160	Decedent's H	aual Osausa	atlan		10h Kind of B	KW	115	
5	C * .	Completed	(Specify only highest gra	ade completed)		. Decedent's Us (Give kind of s life. DO NOT	work done a Fuse retired	furing most of wo ()	orking	16b. Kind of Bu	Jainass/ind	ustry	
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ary	should ind Men imerke	-	19a. Informent's Neme/Relationship (	Type, Print)	198	. Meiling Addra	ass (Street a	and Number or R	ural Routa Numb		Stete, Zip	Code) 21	047
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re	of Haal Itam 2 r other		20e. Mathod of Disposition		20b. Place o	f Disposition (A	Verne of		APRIL	20c. Location -	City or To	wn, Stete	
Baltimore,			1 ☐ Burial ②SCremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif		GREEN	Colonia	1000	MIDRY !	700	BOTTO	nas 1	Mapy	000
E	교원론증 .		21. Signature of Funeral Service Licer		01/221	22. Nama	and Addras	a of Facility	~ ~	DLWIII.	-Cray	TUINY	MOU
Ö	Depa Impo					EVANS	SCHA	WIT OF I	FWOR	V :11.			
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1	Physician		shock, or heert fellure. List only	one ceuse on each lin	10.							Interval Baty Onset and D	ween
	/Medical		Immediete Ceusa (Final	10010	SMALL	CTII	1 1	11016	000000			6	V-
	Examiner		diseese or condition resulting in death)	6.	1 10 11 1	consequence		NNE	CANCER			6 M	eks.
		ner			Dua to (or as a	consequence o	л).						
	death certificate be executed a attending physician and of for use as the burial-transit	Examiner	Sequentially list conditions	b	Due to (or as a	consequenca o	of):				-		
Ó	en a		Sequenticity list conditions, if eny, leading to immadiate cause. Enter Underlying			•	•						
68760,	ate be	Medical	Cause (Disease or Injury that initiated events resulting in deeth) Last	c	Due to (or es e	consequence of	f):						
	ng pt	Med	leading at deetil) East								1		
Box	aath cer attendir I for usa	arZ		d							-		
	ha at he of fo	Physician/	Pert II. Other significant conditions of	ontributing to death bu	it not resulting i	n the underlying	g cause giva	an in Part I.	23b. Did	tobacco use co	ntributa to	the cause o	of death?
P.0	ras that tha da signed by tha a i be datached i	F.							10	Yes 2□No	3 Prob	ably 45%	Unknown
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ord	requires been sign should be	Completed								an autopsy ormed?	ava	ra autopsy fi allabla prior to	0
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/ita	ysicien: The s certificate director, pag	Be	25. Wes case refarred to medical exeminar?						eth (Check only	ona)			
of Vital Records,	Physicien: this certific ral director,	2	1 ☐ Yes 2 No	Hospitel: 1 Inpatier		ıtpatient 3□ I		4 CHANGING F	lome 522 Resi	dence 6 Oth	er (Specify	)	
	ther t	on:	27. Manner of Deeth  ↑ Neturel 5 Pending	28a. Date of Injury (Month, Dey	Year) 28b.	Time of njury	28c. Injury Work		28d. Describe	how injury occur	ber		
Sio	Attending r death. ector: Afte by the fune	cat	2 Accident Investigation 3 Sulcida 6 Could not be			М		res 2□No					
Division	after d Direct	Certification:	4 Homicida determined	28e. Pieca ol Inju building, etc.	ry - At home, fe . (Specify)	erm, street, facto	ory, office		28f. Location ( City or To	Street and Numb wn, Steta)	er or Rural	Route Numi	ber,
	spital or Attending incurs after death.  peral Director: After filled in by the funer												
	5 4 1 0 0 0 0 0 0	edicai	(Check only 2 Medical Exam	ysician: To the best of niner: On the basis of	examinetion an	e, daath occurre d/or investigetion	ed et the tim on, in my op	e, date and piece pinion, deeth occu	e, and due to the urred at the time,	deta and piece,	nner as sta and dua to	ated. tha cause(s)	)
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State of Maryland / Department of Health and Mental Hygiene Q. 6. 0.01, 6.2

		]	State of Maryland / Departi tem: 10e, per F.H. G-734 4/3/96 reb Certifi	ficate of			eg. No.	US	1462
п	Physici	an	Decedent's Neme (First, Middle, Last)			2. Dete of Deer Month		Year	3. Time of Death
A	/Media		ROSE E GOLDBERG				27, 1996		6:10pm
	Examir	er	4e. Facility Neme (If not institution, give street end number)		4b. City, Town, or Lo		4c. County o		
L		-	Sinai Hospital  5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey)	Under 1 Yeer	Balti If Under 24 Hrs.		N,		(0
	Funeral Director			lonths Deys	Hours Min.	8. Date of Birth (Month, Day) Feb. 20	, 1907	Penn	ce (State or Foreign y) sylvania
	fand m		10a. State 10b. County 10c. City, Town or Location	on				100	d. Inside City Limits
	Man	tor	Maryland Baltimore Baltimore						1 ☐ Yes 2 📉 🗓 0
	or 28	Director	10e. Street and Number MILFORD 1	10f. Zip Code		1	0g. Citizen of W	hat Countr	y?
	23a	ral	4204 Old <del>Millford</del> Mill Road	2120	8		USA		
020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental hygiene. Important: if Itam 27 is marked other than "natural", or Itama 23a or 28a-f show any injury or other traumatic event, tre Mexical Exerciner mant be notified an once.	by Funeral	XXNever Merried 2 ☐ Married 1 ☐ Yes 2€2No	Decedent of Hos, specify Cub	dispanic Origin? (Spe an, Mexican, Puerto I Specify:	cify Yes or No- Rican, etc.)		- American , White, et	c.
9	2 hou		15. Decedent's Education 16a, Decedent'	's Uauei Occup	petion		16b. Kind of Bus	White iness/indu	
Maryland 21215-0020	within 72 ane. than "ne	Completed	(Specify only highest grade completed)  Elementery/Secondery (0-12)  College (1-4or 5+)  (Give kind life. DO it	d of work done NOT use retire	during most of working)	ng			i Link
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lan	id be entai ked o	To Be	Aaron Goldberg		Sarah M	Contract of the second	unobtair		
ary	shou and M mar	_	19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling A	ddress (Street	and Number or Rura	· · · · · · · · · · · · · · · · · · ·			code)
	and 2 saith e		Aaron Goldberg (nephew) 7901 W	Winters	set Ave. B	altimor	e, MD 21	208	
ore	of He of He f Itam w oth		20a. Method of Disposition 20b. Pieca of Disposition	on (Name of ony or other pla	ce)	Dete	20c. Location - 0	city or Tow	n, Stete
Ē	. Pages iment of h tant: If its jury or of		Burial 2 Cremetion 3 Remove from State Connection 5 Other (Specify)  Anshe Emuna	ah Aitz	Chaim 3	/28/96	Baltimo	re M	D
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			23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the shock, or heart feilure. List only one cause on each line.	ne mode of dyli	ng, such as cardiec o	r respiratory erro	est,		Approximete ntervai Between Onset and Deeth
	Physician /Medical/								/
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	cuted	Examiner	Sequentially list conditions.  Due to (or es a consequentially list)	ce of):	30			1/4	vor years
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رن ص	s that med b e det	by P	HIN, Hypothymidism, DETHIDRAT	TON, F.	HIPERTERSION		88 2LINO	3   71000	bry 410 Onknown
ğ	v require been sig should b	B	HTN, Hypothymidism, DETHYDRAT MULTIPLE MYLLOMA, CHRONIC AN	+11112		24a. Was a perform	n eutopsy	24b. Were	e autopsy findings able prior to
Division of Vital Records,	has been ge 2 shoul	plet	MUCTIME MEELOMA CHICAE AN	WMIT)		ponon		com	pletion of cause eath?
œ		Completed	CHRONIC PENAL FAILURE			1 □ Ye	s 2 No	10	Yes 2 No
/ita	certificate	Be (	25. Wes case referred to medical exeminer?		28. Place of Death	(Check only on	θ)		
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LC.	Iling P	Certification:	27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury	28c. Injui Wor M 1 □	ry et rk? Yes 2 □ No	!8d. Describe ho	w Injury occurre	d	
2	ipital or Attending F hours after death. neral Director: After y filled in by the funer	licat	3 Suicide 6 Could not be			28f. Location (St	reet and Numbe	r or Rumi I	Route Number
5	after after Directory	erti	4 Homlcide determined determined building, etc. (Specify)	isolory, omoa		City or Town			Toolo Transon,
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1			11,5	no all	nh 2 1/LDC				
,			30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print	(1)	02321419	100 /	quien	111	776
			SINA 1 HOSPIMC BALTINORE, I.  31. Date filed (Month, Day, Year)  ADD 0.3 1996	MARYLA	4ND				
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State of Maryland / Department of Health and Mental Hygiene Q C

				olato o. maryta	Certifica	te of Death		Reg. No.	0 09463	
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			5. Sociel Security Number 6. S	Wood S	. last birthday) If Und	er 1 Year if Under 24 Hrs	mor	e 1	Right-less (Contract Service)	1
1	Funeral Director		216 - 38 - 7244 Usuel Residence of Decedent	Sex. 7. Aga (in yrs	Yrs. Months			71943	Birthplece (Steta or Feral) Mary and	gn
	death with tha Maryland ms 23s or 28s-f show r wast be notified at	7	10e. Stete 10b. County	10c. C	ity, Town or Location				10d. Inside City Limit	
	r 28a-f	Funeral Director	10e. Street and Number		DO 1 101. Z	ip Code		10g. Citizen of V	/	
	iar death with items 23s or ner must be	rai D	1818 N.Sma	Iwood 5		21216		U	SA	
0	r Herra	Fune	11. Marital Status 1 ☐ Nevar Married 2 Married	12. Was Decedent Ever in 1 Armed Forces? 1  Yes 2 No If Yes, Give	1	edant of Hispanic Origin? (Secify Cuban, Maxican, Puar	Specify Yas or No to Rican, etc.)	14. Raci Bled	e - American Indien, k, White, etc.	
21215-0020	hours aftar tural', or its	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give' Yaar or Detes:	1 □ Yas	2 No Specify:		Specify	Negro	
215-	n "net	Completed	15. Decedent's Ed (Specify only highest green (Specify only highest green) Elementary/Secondery (0-12)	de completed)	16e. Decedent's Us (Giva kind of v life. DO NOT	ork done during most of wo	rking	16b. Kind of Bu	isiness/industry	
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Balt	permit. Pag Department Important: Il any injury o		21. Signature of Funerel Service Licer	PRINCE CA.	22. Nama: Joseph Ave	and Address of Facility	Funeral	Home,	ZZZZ W. Nort	h
			23a. Part Enter the disease, or com	plications that caused the decone cause on each line.	eth. Do not enter the mo	ode of dying, such es cardie	c or respiretory a	2121'L	Approximete Interval Between	
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cord	requir	Completed					24e. Was perfo	an autopsy ormed?	24b. Were autopsy tindings evailable prior to completion of cause	š
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Vital	Physician: this certifica	Be	25. Wes case raterred to medical examiner?	Lite and to leave			ath (Check only	one)		
of	T = E	n: To	1 Yes 22 No  27. Menner of Death	Hospitel: 1 ☐ inpatient 2 ☐  28e. Dete of Injury (Month, Dey Year)	☐ ER/Outpatient 3☐ [ 28b. Time of	OOA Other: 4 Nursing b 28c. Injury et Work?	1	dence 6 Other		
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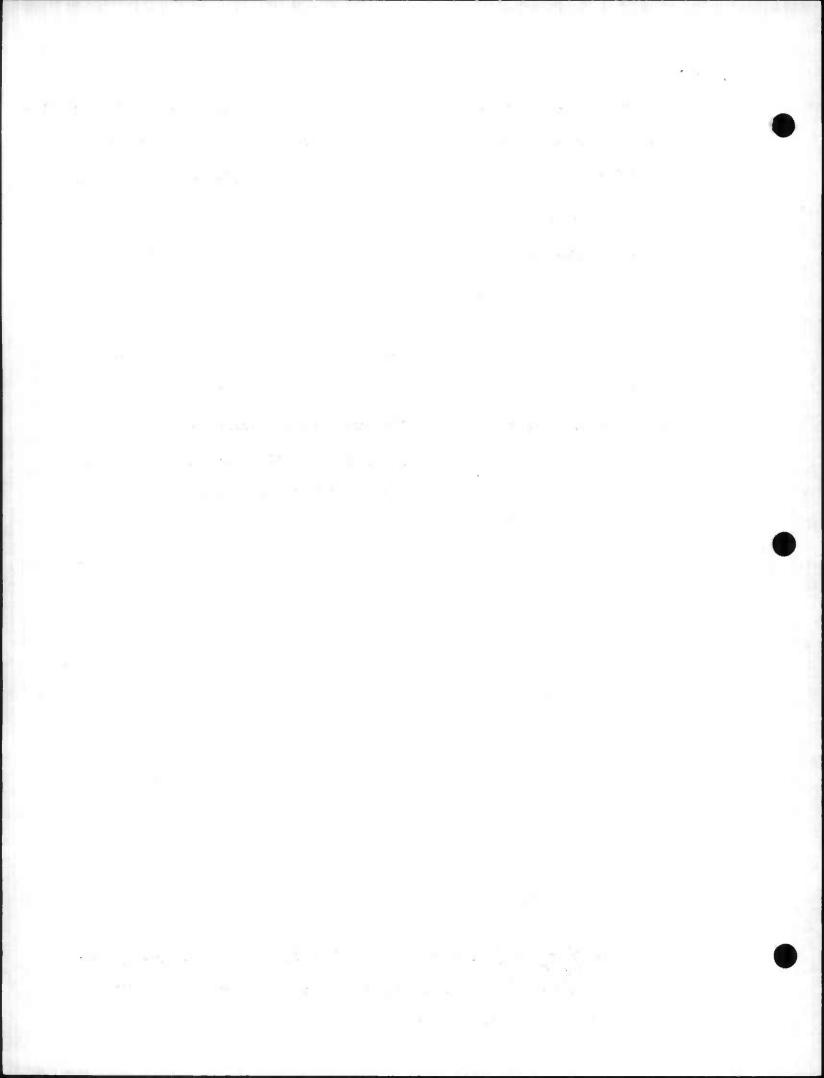
					Certificate of	f Death		Reg. No.		
	Division		1. Decedent's Neme (First, Middle, Las	t)			2. Data of Dec		Yeer	3. Time of Death
	Physic /Medi		Sophonia	Hudson			Harrh	1	96	4:00 Pm
8	Exami		4a. Facility Neme (If not institution, give	street end number)		4b. City, Town, or Lo	ocation of Deeth	101	14	
			Inns of Everytain	Nursina	Home	Baltimo	re,	N.	A	
	Funeral		5. Social Security Number 6. Se	7. Age (In yrs. ie	est birthday) If Under 1 Yea	If Under 24 Hrs.	8. Date of Birt	h , ,	9. Birthp	lece (State or Foreign
L	Director		214-16-5178 1	DM 2ØF 96	Yrs. Months Dey	s Hours Min.	(Month, Day	21899	Coun	itry) / k
			Usual Residence of Decedent				Sep.			
	how		10a. Stete 10b. County		, Town or Location				1	Od. Inside City Limits
	o Mo	cto	Md N	A Ba	.Himore					10 Yes 2 □ No
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	be filed within 72 hours efter deeth with the Menyland tal Hygiene. d other than "natural", or items 23s or 28s-f show event, the Medical Exertine must be incolled at	Funeral Director	11. Merital Stetus	12. Wes Decedant Evar In U,S Armed Forces?	3. 13. Wes Decedent of	Hispanic Origin? (Sp ban, Maxican, Puarto	ecify Yas or No-	14. Race		an Indian,
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	1 and 2 Health em 27 I		Sarah Wake	Daught or	2940 W.	Mosher	Street	+ Ba140	md	21216
ב ב	iges 1 and 2 should be filed within 72 hours efter deeth with the Menyler at of Health and Mental Hygiene.  If item 27 is marked other than "natural", or items 23s or 28s-1 show or other traumatic event, the Medical Examiner must be notified at or other traumatic avent, the Medical Examiner must be notified at		20a. Method of Disposition		ace of Disposition (Name of matery, cremetory or other p.	lece)	Dete	20c. Location -	City or To	wn, Stete
panimore,	permit. Pages 1 and Department of Health Important: If Item 27 any injury or other tu ptics.		1 ⊠ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify		Jutus Morson	al Park 14	13/96	Arbuty	Md	
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	Thursdalan		shock, or haert failure. List only of	ne ceuse on each line.		,	0	()	1	Intervel Between Onset and Deeth
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5	rtal or A insultar pal Direction to led in to	Certification:	4 ☐ Homicide determined	building, etc. (Specify)	no, rosm, otroot, ractory, onto		City or Tox	m, State)	, , , , , ,	
	Programme of the second		29a. Certifier Certifying Phy	aician: To the best of my know	ledge death occurred at the	time, date and piece	and due to the	causa(s) and mar	nner se et	ated
1	E E	edical		ner: On the basis of examinetic end menner stated.	on end/or investigation, in my	opinion, deeth occurr	ed at the time,	dete and plece, a	nd due to	the cause(s)
J	1	Z	29b. Signatura and little of certifier	<u> </u>	29c. Ljoe	nsa nuprober //		29d. Data signed	Month.	Day (Your)
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	9		30. Neme end address of person who o	ompleted cause of deeth (Item :	23a) (Type, Print)					
			31 Date filed (Month Day Vess)	20 Decister to 01						
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						outo o	f Death		Reg. No.			
Distriction	la.	1. Decedant's Nama (First, Middle, I						2. Data of Date Month	ath	Yaar	3. Tima of Death	
Physic /Medi		Ruth E.	Hewitt					Mar.	Day 31	1996	11:00/	
Exami		4e. Fecility Nama (If not Institution, g	-11- 0-11-				4b. City, Town, or	Location of Daath	4c. County	of Death		
	10	Montgomery Gener		al			Olney		Montg	omery		
Funeral Director		363-36-3574	. Sex 7. Ag	ga (in yrs. ia 86	Mo	Under 1 Yee onths Dey			y, Year) , 1909	9. Birthple Countr Michi	ece (State or Foreig y) gan	
and w		Usuai Rasidence of Dacadant  10a, Stata 10b, County		10c. City.	Town or Location	on				10	d. Inside City Limits	
4 ahc	0	MD Howard	E.	Col	umbia						1 ☐ Yas 2)X N	
28	Director	10e. Street end Number			10	Of. Zip Code	V		10g. Citizen of N	What Countr	v?	
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72 hours effer death with the Marylend natural", or items 23s or 28s-f show lites Exeminer must be notified at	by Funeral	11. Maritel Status  1 □ Nevar Married 2 □ Married  3 ☒ Widowed 4 □ Divorced	Armed Forces	12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 MNo If Yas, Give Yaar or Datas:			Hispanic Origin? (Suben, Maxican, Puar O Specify:	to Rican, atc.)		ck, Whita, at		
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within ene. than T	Completed	Elamantary/Secondary (0-12)	Collaga (1-4or	5+)			a during most of wo					
A tr	Co	12	1	1 Homen					Own Ho			
s 1 end 2 should be tiled within 72 hd f Heelth end Mental Hygiene. fem 27 is marked other than "natur fem traumatic event, the Medical	Be	17. Father's Name (First, Middla, La. Kenneth Holloway	•	ma (First, Middle,		na)						
Men Brke	9		Oway Grace Car									
end ls m		19a. informant's Name/Ralationship									Coda)	
Heelth em 27		James L. Hewitt	(Son)				Wind Way,					
permit. Pages 1 and 2 Department of Heelth ( Important: If item 27 is any injury or other tra		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Othar (Spec	<b>⊠</b> Removel from Stata		ace of Disposition matary, cramator eview-Qu:				20c. Location - Quincy,			
Depart Import eny inj		21. Signeture of Funaral Service Lic	ansaa /4) A	J	Witz	zke Fu	ress of Fecility	nes, Inc	nc.			
		23a. Pert1. Entar tha disease, of complications that cause the death. Do not entar tha moda of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each tion.  Stock, or heart failure. List only one cause on each tion.										
Physician /Medical Examiner		Immediata Causa (Final diseasa or condition										
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State of Maryland / Department of Health and Mental Hygiene 96 091,66

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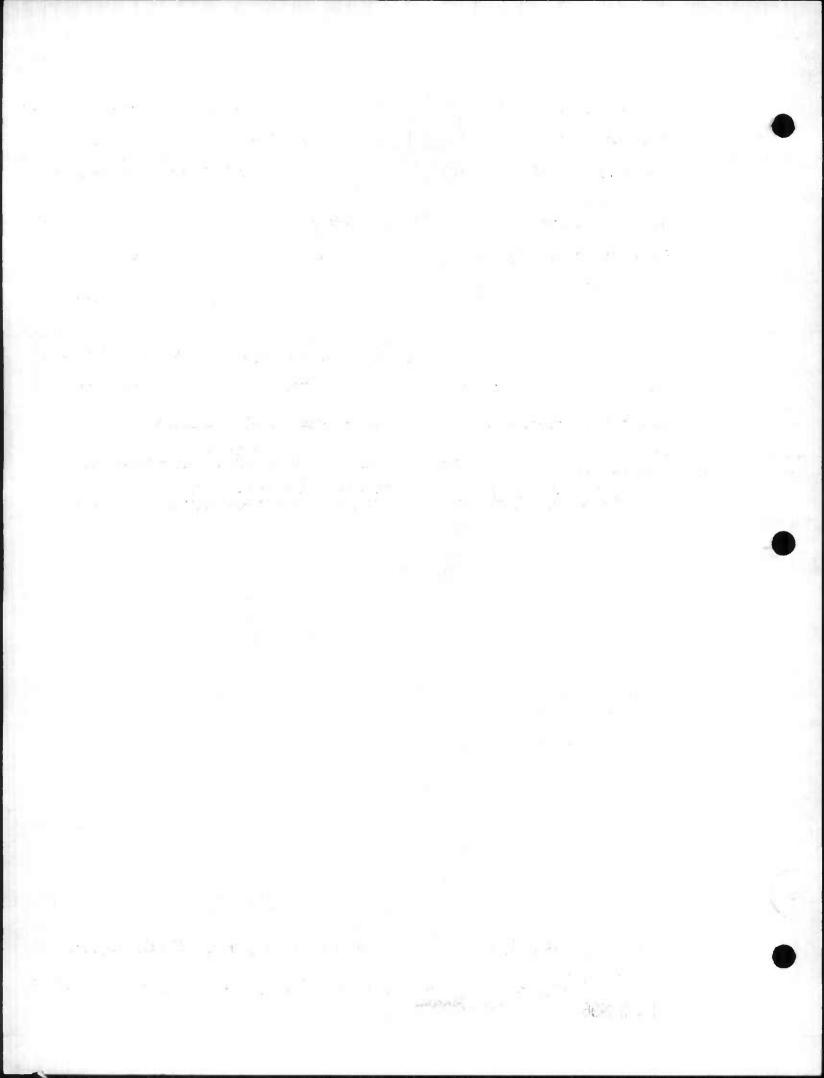
State of Maryland / Department of Health and Mental Hygiene 96 09467

						Cer	tificate of	Death	,	Reg. No.	, 0	7401						
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	Physici /Medi		JOSEPH	L.		HIL	L		MARCH		1996	1:50 A						
7	Examir		4a. Facility Name (If not Institution, git 1427 MOSSANDE						r Location of Death	4c. County								
	Funeral Director		213-86-1236		o (In yrs. last b 32	virthday) Yrs.	if Under 1 Year Months Deys			h y, Year) 1964	9. Birthol Count Mary	lace (State or Foreign try) yland						
	pud *		Usual Residence of Decedent  10a. State 10b. County		10c. City, Tox	wn or Loc	etion				1/	0d. Inside City Limits						
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21215-0020	d within 72 hours efter death with the Maryland isne. Then "natural", or flems 23s or 28s-4 show the Medical Examinar must be notified at	þ	11. Maritai Stetus  D Never Married 2 Married 3 Widowed 4 Divorced	I Ves Give		r in U,S. 13. Was Decedent of Hispenic It Yes, specify Cuban, Mexic			(Specify Yes or No erto Rican, etc.)		14. Race - American Indian Black, White, etc.  Specify: Black							
5-0	72 ho	Completed	15. Decedent's E (Specify only highest gr	ducation	168	a. Decede	ent's Usual Occu	pation during most of w	rodkina	16b. Kind of B	usiness/Ind	lustry						
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Balt	permit. Pages Department of Important: If i any injury or once.		21. Signeture of Funeral Service Lice	ne O	utt	LE	ROY O.	DYETT	& SON I	FUNERA:	L HOI	ME LTO.21207						
	Dhamisian	. 0	23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  Approximate Interval Between															
	Physician /Medical Examiner	-e	Immediate Cause (Finel disease or condition resulting in death)	· Gu	Blot Due to (or as a	consequ	ience of):	1 ass	one	a Chi	est							
Box 68760,	eath certificete be executed attending physician and I for use as the burial-transit	Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underflying Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or as a		S)											
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of Vital	Iclan: The certificate rector, peg	Be	25. Wes case referred to medical examiner?					26. Place of D	eath (Check only o	ne)								
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	h with		10e. Street and Number 6908 Marsue Drive	Apt. 1	r <b>-</b> 2		10f. Zip C		21215		1	try7			
020	in 72 hours after death with the Maryland 1 "natural", or items 23s or 28=4 show fedical Examiner must be notified at	by Funeral	11. Meritei Status  1 Never Married 257Married  3 Widowed 4 Divorced	12. Was Decedent Ever in U,S. Armed Forces?			13. Was Decedent of Hispanic Origin? (Speit Yes, specify Cuben, Mexican, Puarto I				pecify Yes or No- o Rican, etc.)  14. Race - A Bieck, W Specify:				
Maryland 21215-0020	within sne.	Completed	15. Decedent's Edi (Specify only highest grad Elementery/Secondary (0-12)	ucation de complatad) Collega (1-4c	or 5+)	(Give	16a. Decedent's Usuel Occupation (Give kind of work done during most of work life. DO NOT use retired)				D 31 C -				
yiand 2	be file d othe event,	To Be Co	17. Fether'a Nema (First, Middle, Last) Mark	Harr	ison	PLO	QUCLIO		Coordinator  18. Mother's Name (First, Middle, M  Yedda			Bendix Corporation  Melden Sumeme)  Schribner			
	and 2 aalth a n 27 is		19e. Informent's Neme/Reletionship (T) Mrs. Sylvia Harris		-	6908	Marsu	e Dr		#T-2		more, l	MD 2	1215	
timore,	Page ment o ant: If ury or		20e. Method of Disposition    Main   2 Green   3 Green   4 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green   5 Green	mation 3 Removel from State Other (Specify)  BETH JACOB CONG.					3/31/96 FINKSBURG, MD FINE				cation - City or Town, Stata		
Bai	Depar Impor any In		21. Supeture of Funarai Service Lloud	T Z	uvė	S		VINS	SON &	BRO	S., INC.		, MD	21215	
	Physician /Medical Examiner	23a Fart 1. Entry the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, which, or heart failure. List only one cause on each line.										i i i	Approximate intervel Between Onsat and Deeth		
		niner	rasulting in deeth)	a. Anoxic Encephalo pathy  Due to (or as a consequence of):  Renal Failure											
x 68760,	o certificate be executed anding physician and use as the burial-transit	Completed by Physician/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last  Due to (or es e consequence of):  C.  Due to (or es a consequence of):												
, P.O. Box	that the death sed by the atter detached for u		Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.								23b. Did tobacco use contribute to the cause of 1 Yes 2 No 3 Probably 4 1				
Vitai Records,	sw requir is been s 2 should										24e. Wes en		ave	re autopsy findings bilable prior to npletion of cause death?	
tai	F 5 8	Be Co	25. Wes case referred to medical				26 Place	of Doeth				]Yes 2□No			
<u> </u>		To B	examiner?	Hospitei:	itient 2 E	R/Outpetien	t 3□ DOA	Othe	MP+		ath (Check only ona)  Home 5 ☐ Residence 8 ☐ Other (Specify)				
ion of	5 5 6	ertification: 1	27. Manner of Deeth 1. Meturei 5 □ Pending 2 □ Accident Invastigation	28a. Date of Ir (Month, L		28b. Time of injury	A	c. Injury Work		1	28d. Describe ho				
Division	3 4 5 5	Certific	3 Suicide 6 Could not be determined 28e. Pieca of injury - At home, ferm, street, fectory, offica building, etc. (Specify)							281. Location (Street and Number or Rural Route Number, City or Town, Stete)					
)	To the Hospital within 24 hours of To the Funeral Completely filled	ledicai	29e. Certifier 1 Certifying Phy: (Check only one) 2 Medicat Exami	sician: To the bes nar: On the basis and manner	of exeminetic	ledge, deeth on end/or inv	occurred et estigetion, in	the tim n my op	e, dete end inion, deetl	l piece, a h occurre	and due to the ca	use(s) and me ete end piece,	nner as st and due to	ated. the cause(s)	
	To the Com	M	29b. Signeture end title of certifier	2d Do				29c. License number 29d. Dete signed A5 2402321-CG-7919 March							
			30. Name and address of person who of	ompieted cause of	deeth (Item 2 240)	23a) (Type, I West R	Print) Selved	lere	Aver	ave.	Baltin	noce M	aryla	nd 21215	
	Sta	te	31. Dete filed (Month, Day Year)	ha Mariles	ter Assess	M.									

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State of Maryland / Department of Health and Mental Hygiene O.C.

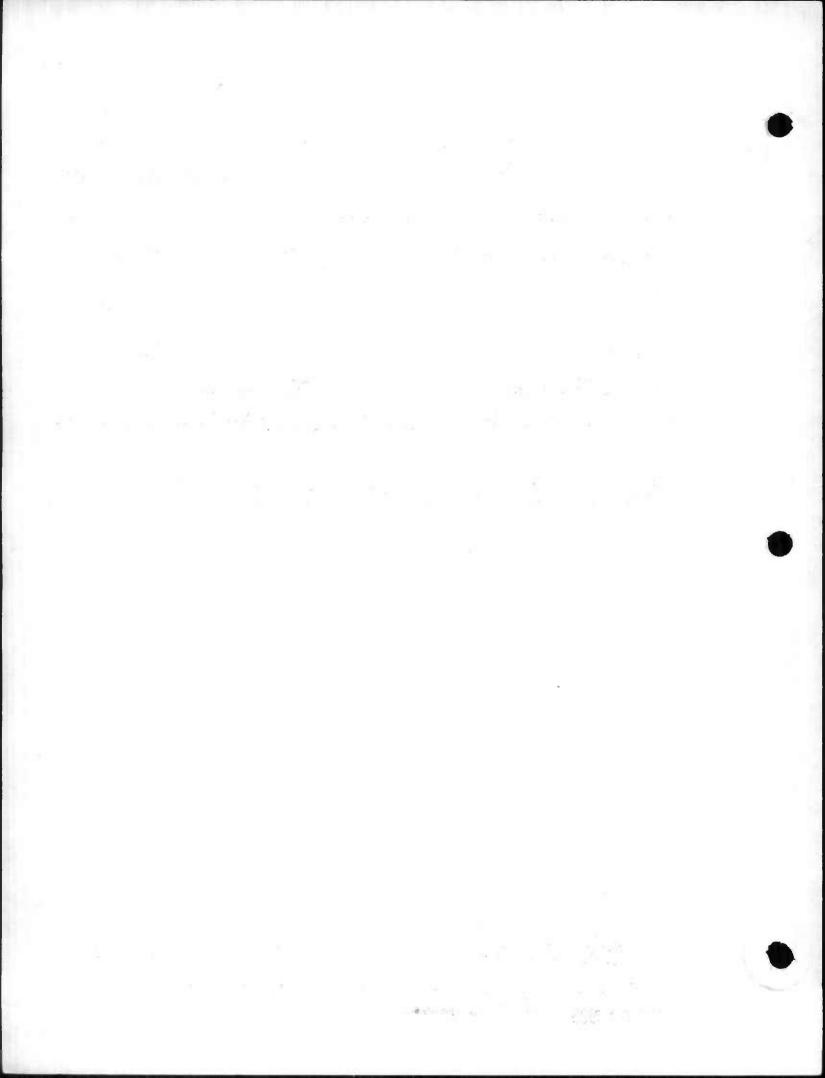
				State of Maryland		ate of Death		Reg. No.	6 09	1469
-		100	1. Decedent's Neme (First, Middle, Las	()			2. Deta of De	ath		Time of Death
	Physic		MORRIS	+1	(	JONES	MARCH	Dey i 30	Yeer 1996	4:20 AM
1	/Medi Examii Funeral Director		4e. Facility Neme (if not institution, give 5 000 S Am A 5. Sociel Security Number 6. Se 11	RITAN Ho:	SPHAL est/birthday) If Ur Yrs. Mont	ider 1 Yaes If Under 24 H	or Location of Deat MRRC	4c. County	A Peeth	(State or Foreign
e, Maryland 21215-0020	2 should be tiled within 72 hours after deeth with the Meryland end Mental Hyglene. Is merked other than "natural", or feme 23s or 28s-1 show raumatic event, the Medical Examiner must be notified at	To Be Completed by Funeral Director	Usual Rasidance of Decedent  10a. Stata  10b. County  10e. Street and Number  11. Marital Status  1 Nevar Merried  2 Married  3 Widowed 4 Divorced  15. Decedent's Edi (Specify only highast grade)  Elementary/Secondery (0-12)  17. Father's Name (First, Middle, Last)  19e. Informant's Neme/Reletionship (1)  199. Informant's Neme/Reletionship (1)	12. Was Decedent Ever in U.S. Armed Forces? 1   Yes, Give Yeer or Detes:  Joallon (completed)  Collage (1-4or 5+)	13. Was De If Yes, s  1   Yes  16a. Decedent's L (Give kind of Vilfe. Do No  A. n  19b. Mailing Addr  3 5 7	Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Co	vorking  lame (First, Middle  C A  Rurel Route Numb  C Role	Specify 16b. Kind of B  Meiden Surmen  er, City or Town,	Whet Country?  Dee - American Irrock, White, etc.  Write, etc.  State, Zip Cod	1k dc 10) 2/2/8
Baltimore,	permit. Peges 1 end Depertment of Health Important: If Itsm 27 any injury or other to once.		20a. Method of Disposition  1 Surial 2 Cremetion 3 I  4 Donetion 5 Other (Specify,  21. Signatura of Funerel Service Licens  23a. Part1. Enter the disease, or compshock, or heart failure. List only of	Removal from Stata	MAR 4101	Re (em)	Jones Silec or respiretory a	BATT	App	State  A  2/29  proximete sirval Between
	Physician /Medical Examiner	er.	Immediate Ceuse (Finel disesse or condition resulting in death)	e. MULTIP	es a consequence		FAIL	URE	One	set end Deeth
Box 68760,	th certificate be executed ending physician and r use as the buriel-transit	Physician/Medical Examiner	Sequantially list conditions, if eny, leeding to Immediate cause. Enter Underlying Causa (Disease or Injury thet initiated events resulting in deeth) Last	Due to (or REN	es e consequence	AILURE	PATH	Y		
J. E	e deal	rsici	Pert II. Other significant conditions co	ntributing to death but not resu	Iting in the underlying	ng cause given in Pert I.	23b. Did	tobacco use co	ntribute to the	cause of death?
ds, P.O.	The lew requires thet the death cert ata has been signed by the attendin page 2 should be detached for use	þ		ARCINOMA			.1 103	Yes 2□ No	3 Probably	
Recor	e lew requ has been ge 2 shoul	Completed	HYPERTENS	ION, VAS	CULOP	ATHY	24a. wes	an eutopsy ormed?	avalleb	utopsy findings le prior to ition of cause h?
la l	n: Th ficata or, pa		25. Wes case referred to medical				10	. ,	1 ☐ Ye	s 2 No
N.	Physician; r this certific ral director,	To Be	examiner?	Hospitel: 1 Lopatient 2 E	R/Outpatient 3□	Othor	Deeth <i>(Check only o</i> Home 5 ☐ Resi		or (Chariful	
10	er this		27. Menner of Deeth		28b. Time of	28c. Injury et Work?	_	how Injury occur		
Division of Vital Records,	To the Hospital or Attending Physician: The lew requires that the death cert within 24 hours after death.  To the Funeral Director: After this certificata has been signed by the attendin completaly illied in by the funeral director, page 2 should be detached for use.	Certification:	15 Neturel 5 Pending 2 Accident investigation 3 Sucide 6 Could not be 4 Homicide determined	28e. Pleca of Injury - At hor building, etc. (Specify)	Injury M me, ferm, street, fec	1 ☐ Yes 2 ☐ No	281. Location ( City or To	Street and Numb wn, Stete)	per or Rurel Ro	ute Number,
	he Hospit in 24 hour he Funera pletaly fille	Medical (	29e. Certifier 12 Certifying Phy (Check only one)	sician: To the best of my know nar: On the basis of examinetic end menner steted.	rledge, deeth occurr on end/or Investigat	ed et the time, dete end pla ion, in my opinion, deeth oc	ice, end due to the courred et the time,	cause(s) end modete and placa,	annar as steted and due to the	l. cause(s)
7	To the company	×	29b. Signeture end title of cartifier	0- )	M.D.	29c. License number PO 93 0 2		29d. Data signe MARCH		
	JA Sta	ite	30. Name and address of person who come to the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the comp	mpleted cause of deeth (Item  M·D. 5601  32. Segistrer's Signetic	LOCHI R	AUEN BLU	D G-00	MAZ G	MATISIA	105P.

Registrar

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				State of Maryla		ificate of			leg. No.	U	3470		
	DI	П	1. Decedent's Neme (First, Middle, Last	)				2. Dete of Dee		Veer	3. Time of Death		
	Physici /Medio		Angelitta	S,	Jorday			Month 3	Dey 29	Yeer	709/A		
)	Examir		4e. Fecility Neme (If not institution, give				4b. City, Town, or L		4c. County				
			University of Maryla	rd Hedical Sys	ten		Bultimore	. 1	Button	ione C	ity		
	Funeral Director		5. Social Security Number 6. Se 210-08-1204 Usuel Residence of Decedent	7. Age (In yrs		If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey	Year) 5 1985	9. Birthpl Count	ece (Stete or Foreign		
	and w		10a. Stete 10b. County	10c. C	ity, Town or Loca	ation			10d. inside City Limits				
	r 28a-f show	ō	Md DA	.	Balti	MORE					1 Yes 2 No		
	28e	Je.	10e. Street and Number	۸		10f. Zip Code		1	Og. Citizen of V	What Coun	try?		
	th with	0	502 N. KEN	wood to	3.	71	205		43				
	items 2	Jera		12. Wes Decedent Ever In	J,S. 13. W	es Decedent of I	dispanto Origin? (Sp en, Mexican, Puerto	ecify Yes or No-		a - America			
Maryland 21215-0020	\$ 6 E	by Funeral Director	1 Never Married 2 Merrled 3 Widowed 4 Divorced	Armed Forces?  1 Yes 2 No If Yes, Give Year or Detes:		Yes, specify Cub	en, Mexican, Puerto Specify:	Rican, etc.)	Specify	ck, White, o	ack		
2-0	n 72 hours "netural", solical Ext	Be Completed	15. Decedent's Edu (Specify only highest grad	cation	16e. Decede	nt's Usuei Occup	etion during most of work	ring	16b. Kind of B	usiness/Ind	ustry		
21	within ene.	Jp.	Elementary(Secondery (0-12)	College (1-4or 5+)	life. DO	< 1	during most of work	,9	<	0	1		
2	be filed withintal Hygiene. d other than event, the M	S	HT	NA		Stude			00	NOC.	21		
anc	be de la la la la la la la la la la la la la	Be	17. Fether's Neme (First, Middle, Last)	- · · ·			18. Mother's Nem						
Z	d Me	To	19e. Informent's Neme/Reletionship (7)	KN .	405 14-11/	A 44 (O)	Jacqu	GIINE	400	26			
M	d2s then 7 Is r		Jacqueline WAR	o Malles	502	0 11	and Number or Ry	we . Da	La Ma	0	1205		
a,	Heal Heal om 2		20e. Method of Disposition	20b.	Plece of Disposit	tion (Neme of			20c. Location -	7.			
Baltimore,	permit. Peges 1 and 2 should be filled Department of Health end Mental Hygi Important: If Item 27 is marked other important: other traumatic event, any injury or other traumatic event, pnce.		Buriel 2 Cremetion 3 F 4 Donation 5 Other (Specify)	lemovel from Stete	Cometery, creme	otory or other pla	emetery !	15/96	Arunge	1 10	u/		
alti	Departition Departments imports any inju		21. Signeture of Funerel Service Licens	0	22.1	Name end Addre	ss of Fecility	re-West	+		rw		
_	80 5 5 8		Glynis	urch fun	bash A	1	to Ald	1. 21	215				
П			23a. Part 1. Enter the disease, or compleance, or heart failure. List only or	icetions thet caused the dec ne ceuse on each line.	th. Do not enter	the mode of dyin	ng, such es cardiec	or respiretory err	est,	Í	Approximete Interval Between		
	Physician /Medical		tmmediate Cause (Finel							- 1	Onset end Death		
	Examiner		disease or condition resulting in deeth)		on grew								
		Je.			or es e conseque	,							
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	the at the fc	sici	Pert ii. Other significant conditions cor	tributing to death but not re	sulting in the und	lerlying cause glv	ren in Pert I.	23b. Did to	obacco uss co	ntributs to	the causs of death?		
P.0	4 66	Completed by Physician/M	Hon. L'L'					1 U Y	88 2 No	3 Prob	ebly 4 Unknown		
	es thei	ρ	Hepatitis										
oro	v require been si should t	pete	Per pheat remark	λ.				24a. Was a perfor	n autopsy med?	ave	re autopsy findings Illable prior to Inpletion of cause		
ec	2 s b	nple	in para i awaye							of c	leath?		
E	E # 8	S						1 🗆 Y	es 2 No	1□	Yes 2□ No		
Vita	yalclan: The	Be	25. Wes case referred to medical examiner?	le se la l		100	26. Place of Deat	h (Check only or	70)				
Division of Vital Records,	this ai di	T.	1 ☐ Yes 2 No	-	ER/Outpatient	3□ DOA Oth	4 U Nursing Ho	ome 5 Resid			)		
LO	Affer funer	lon	1 Netural 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injui Woi M 1 □	y at k? Yes 2 □ No	28d. Describe h	ow injury occur	rea			
Si	Attending in death.	Ilca	2 Accident investigetion 3 Suicide 6 Could not be	28e. Piece of Injury - At I	nome ferm stree		163 2 100	28f. Location (S	treet and Numb	per or Rura	Route Number		
Θį	after Dire d in b	Certification:	4 ☐ Homlcide determined	building, etc. (Spec	ify)	it, rectory, omos		City or Tow	n, Stete)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Ye the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completely filled in by the funeral	edical C	29a. Certifier (Check only one)  Certifying Physical Examination (Check only one)	plotan: To the best of my kn ner: On the basis of examin end menner steted.	owledge, deeth o etion end/or Inve	occurred et the tir stigetion, in my o	ne, dete end plece, plnion, deeth occur	end due to the c red et the time, d	euse(s) and ma late end piece,	anner as st and due to	ated. the cause(s)		
	within 20 the comple	Me	29b. Signature and title of certifier	11		29c. Licens	e number	2	9d. Date signe	d (Month, i	Dey, Year)		
	1		1 4 4 5	1/_/		030	9091		3-29	9-91			
1,	12	-	30. Neme and eddress of person who co	empleted cause of deeth (Ite	m 23e) (Type, Pr	nint)							
-			P. VINK 4.0. 31	Begistrer sign	Redurant	UMAR	Balt 1	LO alar	1				
	-		31. Dete filed (Month, Dey, Year)	A. Registrer's Sign	eture	/		TO PERIOR					
	Sta	le	APR 03 1996	I I I A LA CONTRACTOR A PARTY	MA BY								



CIVISION OF VITAL RECORDS, F.O. BOX 80/00	MATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	And DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	Initing 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF A	AL OR ATTENDING PHYSICIAN:	AL DIRECTOR: After this certifical	2 hours after death with the Sta	f item 28 is marked, or its

							96	09471						
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF	HEALTH AND DEATH	MENTAL HYGIEN								
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH		3. TIME OF DEATH						
	Heattre		sones			MBR 2	2 9	6 6 15 AM						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (Ir	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign						
	216-16-3481	1 - M 2 F 9	6 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12-1-18	00	· Carolina						
	9a. FACILITY NAME (If not institution, give st	1		96. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUNT	Y OF DEATH						
9		Bunie		Coten	Bunre		Pu	att more						
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		40. 017	Y, TOWN OR LOCA										
DIRECTOR	MD	N/A	100.011	BALTI				10d. INSIDE CITY						
	10a. STREET AND NUMBER				of, ZIP CODE			1 AYES 2 NO						
FUNERAL	4100 Odell Av	Zenue.				,	10g. CHIZE	N OF WHAT COUNTRY?						
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	II S ADMED	1 40 300 00	21237			USA						
	1 Never Married 2 Married	FORCES? 1 YES	2- NO	It yes, s	pecify Cuben, Maxi	ANIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No- 14	I. RACE — American Indien, Black, White, atc.						
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	IES	1 U YE	S 2 KNO Spec	offy:		Specify: Black						
8	16. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUS							
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during me se retired.)	ost of working									
.   글	12th			N/A			N/A							
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, Middle, Maiden	Sumame)							
5 III	Bryant Loftin	L			Ocao1	a Vause								
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		I Route Number, City or Tow	n, State, Zip Co	ode)						
2	Grace Brown		4103	Kath1	and Ave	nue, Balt	imore	e,MD 21207						
200	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)													
E E	4 Donation 6 Other (Specify)		tery, crematory or o	ther plece)	eterv	4/2 Ba1	timor	re, Maryland						
	21. SIONATURE OF EMPERAL SERVICE LIC	ENSEE	1.	22. NAME A	ND ADDRESS OF	FACILITY								
examine	> XOTING	n D u	144	LERO	Y O. DY	ETT & SON	FUNI	ERAL HOME						
	23. PART I. Enter the diseases, ore	omplications that raysed	the death Do	of enter the m	DIDERI	Y HEIGHTS	AVEI	t, Approximate						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellars. List only one cause on each line.  IMMEDIATE CAUSE (Final													
	IMMEDIATE CAUSE (Final disease or condition Arteriosclerotic Cardiovascular Disease													
evelli,	resulting in death)	DUE TO (OR AS A			.iovascui	ar Disease		1 year						
		DOE TO (OH AS A	CONSEQUENCE O	r):										
CERTIFICATION	Sequantielly list conditions,	DUE TO (OR AS A	CONSEQUENCE O	Fi:										
A I	If any, leading to immediate cause. Enter UNDERLYING			,-				į						
I E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):										
F	resulting in death) LAST	0												
		-												
AN: MEDICAL	PART II. Other algolificent conditions		t not reaulting	in the underlying	ng cause given i	n Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
	Anemia Iron	Deficiency				1 🗆 YES 2	YNO	COMPLETION OF CAUSE OF DEATH?						
M	- Osteoarthritis 1   YES 2   NO													
3 2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN													
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEA		)									
YSICI	1 TES 2 NO	1 Inpatient 2 ER/Outpa	tient 3 🗆 DOA	OTHER:	me 5 🗆 Residence	6 Other (Specify)								
E E	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIM		JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCUP	RED						
BY P	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO									
	3 Suicide 6 Could not be	28a. PLACE OF INJURY - building, atc. (Specif	- At home, farm,	street, factory, offi	ce	261. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,						
313	4 Homicide detarmined													
COMPLETED	29a. CERTIFIER 1 CHeck only	CIAN: To the best of my knowle	dge, death occum	ed at the time, dat	a and place, end du	ue to the cause(s) and mar	ner as atated.							
OM		R: On the basis of examination												
SE CO	294. STEMATURE AND STREAM CENTERS	AA			29c. LICENSE NI		_	IGNED (Month, Day, Year)						
	Drivyn an	Attendi	ing Phys	ician)	D141			29/96						
1 2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED OFFICE					/							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print)

Harjit Singh, M.D. 5410—A Ritchie Highway

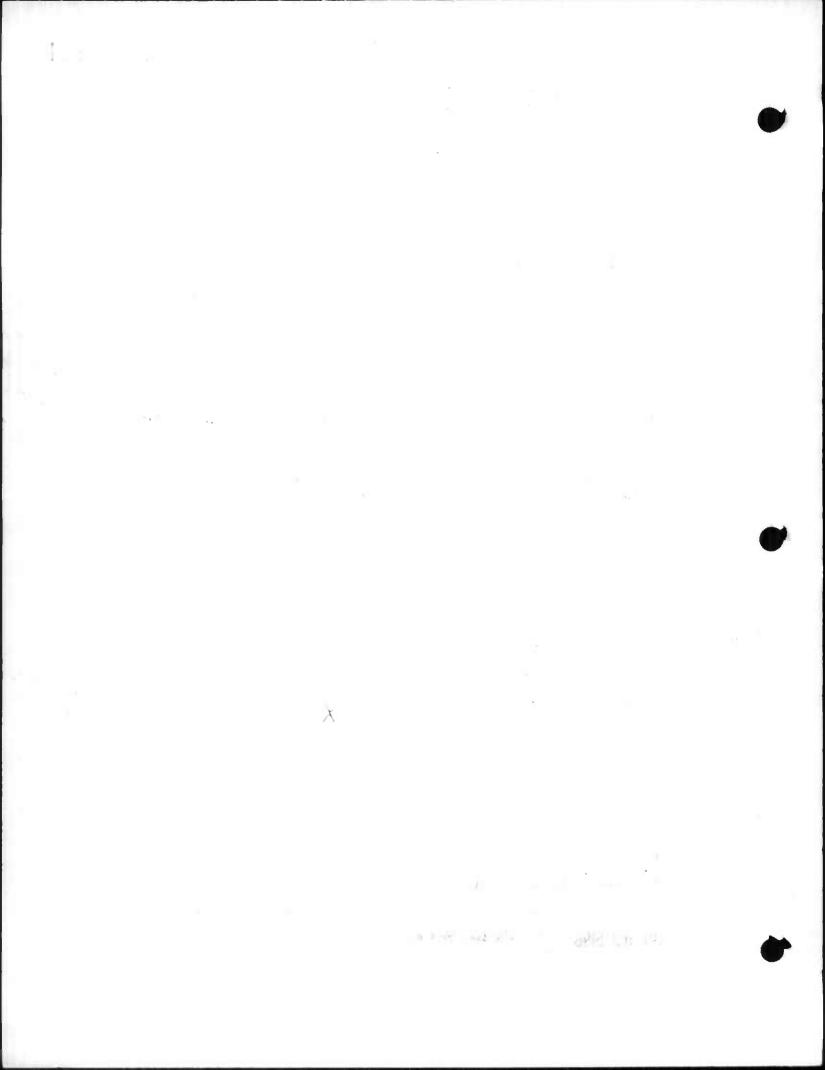
31. DATE FILED (Month, Day, Voer)

APR 0 3 1996

Jac RECOSTRAT'S SIGNATURE

APR 0 3 1996

Baltimore, Md. 21225



#### Please Type or Print in Black indelibie ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

-						Ce	rtificate o	f Death		Reg. No.		
П	Dhamin	1	1. Decedent's Neme (First, Mid	die, Last)					2. Dete of D Month	eath Dev	Year	3. Time of Deeth
	Physic /Medi		GREGORY JAMES	KOWALEWS	KI				MARCH			9:40 A.M
	Exami		4a. Facility Neme (If not instituti	on, give street end r	num <i>ber</i> )			4b. City, Town, o	r Location of Dee	lh 4c. Count	y of Deeth	
1			MERCH HOSPICE					BALTIMO	RE CITY			N/A
	Funerai	Г	5. Sociel Security Number	6. Sex		yrs. lest birthdey)	If Under 1 Yes			rth	9. Birth	plece (State or Foreign
	Director		217-82-8548	1 <b>X</b> M 2□ F		Yrs.	Months Day	s Hours Mi	6/14,	ey, <i>Year)</i> /59		YLAND
	D		Usuei Residence of Decedent									
	show		10a. State 10b. Count	ly	100	c. City, Town or Lo	cation					10d. Inside City Limits
	Ma T	to	MARYLAND BAL	TIMORE		WILSON	POTNT					1 ☐ Yes 🎾 No
	r 28	Director	10e. Street and Number			===.	10f. Zip Code			10g. Citizen of	Whet Cou	intry?
	72 hours after death with the Maryland natural, or items 23s or 28s-f show dical Examer must be notified at		238 SHAGBARK	ROAD			21.	220		US	A	
	deat Lms	Funeral	11. Merital Status	12. Wes De	ecedent Ever	In U,S. 13.		Hispenic Origin?	Specify Yes or N		ce - Ameri	can indian,
0	or its		1X Never Merried 2 ☐ Ma	rried 1 Yes	Forces? s 2 <b>K</b> No				erto Hican, etc.)	Bia	ick, White	, etc.
21215-0020	alf, o	by	3 ☐ Widowed 4 ☐ Divorce	if Yes, (	Give Dates:		1□Yes 2Ã N	o Specify:		Specif	y: WH	ITE
0-10	72 hours "natural",	Completed	15. Decede	nt's Education		18e. Dece	dent's Usuel Occ	upation		18b. Kind of B	lusiness/Ir	ndustry
21	within 7 ene. then "n	ple	Elementery/Secondery (0-12)	est grede completes	a) (1-4or 5+)	life.	DO NOT use reti	e duning most of w red)	orking			
21	filed within Hygiene. ther than "	Om	12th GRADE	Comago	(1 401 31)	MAIN	TENANCE	MECHANIC			PROI	PERTY
p	other other	Be	17. Fether's Neme (First, Middle	, Last)				18. Mother's N	eme (First, Middle	, Meiden Surnar	me)	
a	should be filed nd Mental Hygi marked other imatic event,	ToE	ANTHONY KOWAL	EWSKI				DOROI	HY KOEN	[G		
Maryland	2 should and Men s marks		19e. Informent's Neme/Reletion	ship (Type, Print)	-	19b. Meilin	ng Address (Stre	et and Number or i	Rural Route Numi	per, City or Town	, Stete, Zi	p Code)
_	end 2 : paith ar n 27 is		ANTHONY KOWAL	EWSKI		1720	PIN OAL	K ROAD F	PARKVILLE	E, MD 2	1234	
altimore,	s 1 end 2 should be filed within 72 hc I Health and Mental Hygiene. Item 27 is marked other than "netur other traumatic event, the Medical		20a. Method of Disposition		2	Ob. Pleca of Dispo	sition (Neme of		Date	20c. Location	- City or T	own, Stete
20	eges ant of t: If ite y or o		1 XBurial 2 Cremetion				netory or other p	•	1/7/06	COCKEN	CULT	
=	it. Portme		4 Donetion 5 Other (				VALLEY [	MEM. GAR.	4/1/96	COCKEY	SATPI	JE, MD
Ba	permit. Peges 1 e Depertment of Hee Important: If Item any Injury or othe		21. Signature of Pullerar Small	//			OHNSON I		IOME			
			1/14	1		8	521 LOCE	H RAVEN E	BLVD. TO	DWSON, M	D 2	1286
н		1	Part 1. Enter the disease, of shook, or heart feilure. Lis	or complications the	t caused the	deeth. Do not ent	er the mode of d	ying, such as cardi	ac or respiretory	errest,		Approximate Intervel Between
5	Physician											Onset and Deeth
4	/Medical		Immediete Cause (Finel diseese or condition	R	em'n	Annada.	Faller					
п	Examiner		resulting In deeth)	a1.×	Due	to (or as a consec	uence of):					
	n #	ner		Te	minal	A	1-1	r	1.00	5 1		
	cute	Examiner	Sequentielly list conditions.	D	Due	to (or es a consec	21	more 1	efricancy	- syruns	me	
o,	certificate be executed ding physician and se as the burial-transit		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	B	1	16.	4	P	4 41			
68760,	te be	/Medical	thet initieted events	c	Due	to (or as a conseq	uence of):	NS IN	May Let			
68	certifice nding ph use as th	8	resulting In deeth) Lest			, -			Maler		į	
XO		1 1 1		d	evere	Wash	3 Syrd	some	1000	mora		
œ	death e atter	Physicia	Pert II. Other significant condit	lone contributing to	death but no	t requiting in the u	aderhina cause (	twen in Part I	23h Did	tobacco usa co	ntribute (	o the cause of death
0	that the design the design the	hys	Total of a grilliount oon at	iona contributing to	death but no	t resolving in the di	iderlying cause (	promini ranci.		~	-	bably 4 Unknow
٦,	\$ 88								.	Yes 228 No	3   FIG	Dably 4 Onknow
Records,	requires seen sign should be	d by							24e We	an autopsy	24b. W	ere autopsy findings
Ö	v require been si should	Completed							perl	ormed?	av cc	reileble prior to empletion of cause
36	S S S	μ									ol	death?
	cate he	ပိ							1 🗆	Yes 2000	1	☐ Yes 2 No
ij	certificate	Be	25. Wes case referred to medic exeminer?		·		1.0		eeth (Check only	one)		
of Vital	Physicien: this certific rel director,	2	1 □ Yes 2 No	Hospitel: 1	☐ Inpatient	2 ER/Outpatien	I SLI DOM		Home 5 ☐ Res	idence 8 Dtt	her (Speci	W) HOSPICE
lon	oding P th. : After t e funere	:uo	27. Menner of Death  1 ☑ Neturel 5 ☐ Pend		e of Injury on <i>th, Dey Yea</i>	28b. Time of Injury	28c. Inj	ury at ork?	28d. Describe	how injury occur	rred	
9	ath. he f	Certification:	2□ Accident inves	tigation			M 1[	☐ Yes 2☐ No				
Ξ	1	tiff	3 ☐ Suicide 8 ☐ Couid deten	mined 289. Plac	ce of Injury -	At home, farm, str	eet, fectory, office	9		(Street and Numi	ber or Rur	al Route Number,
ā,	ound the rails of lifed in	Ce				,,						
Jr	神神神	Te Ca	29a. Certifier 12 Cartifyi	ng Phyalcian: To th	ne best of my	knowledge, deeth	occurred et the	time, dete and pier	a, and due to the	cause(s) end m	enner as	stated.
	To the Howithin 24 h To the Far- completely	edical	one) 2 Madica	Examiner: On the end me	enner stated.	ninetion and/or inv	estigetion, in my	opinion, deeth oc	curred et the time	dete and piece,	end due t	o the cause(s)
	within To the	Σ	29b. Signeture and title of certifi	er			29c. Licer	nse number		29d. Dete signe	ed (Month,	Day, Year)
			//	1-				037299	9	3/2	2/6/	
	in		30. Name and address of persor	who completed car	use of death	(Item 23a) /Tune		71		1	1	
	10		Dr. Page Merc				·	Ral+imo	ro MD			
	Sta	to	31. Date filed (Month, Dey, Year	A	Registrer's	atum aa	COM ZI4	Dartino.	re/ LID			
	Sta Registi		APR 0 3 1996	Culta De	avidoon-	honore						
	- 3		711 11 U U									

DHMH 16 Rav 6/95

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State of Maryland / Department of Health and Mental Hygiene 96 09473

						Certif	ficate of	Death			Reg. No.				
			1. Decedant's Nama (First, Middla, Li	ast)						2. Data of De	ath		ALIES .	3. Tima	of Death
	Physic		Dorothy M	adeline	KE	LLY				Month	Day		Yaar	E . 20	_
4	/Medi Examir		4a. Facility Nama (If not institution, gi		ICL	шц		4b. City, Tov		March pocation of Deat		County of		5:30	a.m.
	Examil	iei	FRANKLIN SQUARE					p	OSEI	DALE					
		_			(In yrs. last birt	hday) I	f Undar 1 Yaar			R Date of Bir	th	1tin	ore Birthe	Count	y or Foreign
È	Funeral Director			1□M 21€ F		rs. M	fonths Days		Min.	(Month, De 3/27/	32, Year)		MAR	YLAND	or Foreign
	and w		10a. Stata 10b. County		10c. City, Town	or Locati	ion						1	0d. Inside	City Limits
	Aanyl F sho	6	MARYLAND BALT	IMORE		TOWS	CON								s 2 No
	10 the P	Director	10e. Street and Number	THORE			10f. Zip Coda				10- 08-				A
	ti di							01006			10g. Citiz			ntry r	
	# 23	era	31 ACORN CIRCLE	1	i= 14.0	10.14/		21286	1-0 (0-		Ι.		SA	an Indian	
	herr d	Funerai	11. Marital Status  1 □ Navar Married 2 X Married	12. Was Decedant Ev Armed Forces? 1 Yas 2 No					Puarto	ecify Yas or No Rican, atc.)	-		, Whita,	an Indian, atc.	
Maryland 21215-0020	d within 72 hours after death with the Manyand jene. r than "natural", or frems 23s or 28s4 show The Medical Exerciper must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Datas:	,	10	Yes 2 No	Specify:			10	Specify:	WH	ITE	
5-0	72 ho netur	Completed	15. Decedant's E (Spacify only highast gr	ducation ada completad)	16a.	(Giva kind	t's Usual Occu d of work dona	during most	of work	lng	16b. Kir	nd of Bus	sinass/Ind		
2	within ene.	igh	Elemantary/Secondary (0-12)	College (1-4or 5+	·		NOT usa ratire	ed)							
7	o filed w	S	12th GRADE		(	CLERK	ζ						ANCE	co.	
P	be file tal Hyg d other event,	Be	17. Fathar's Nama (First, Middla, Las	1)						a (First, Middla		Sumama	a)		
X	should be and Mental marked or umatic eve	2	THOMAS DOUGHERTY					ROS	ELL	A FINAN					
a			19a. Informant's Name/Ralationship	(Type, Print)	19b.	Mailing A	Addrass (Stree	t and Number	r or Run	al Routa Numb	er, City or	r Town, S	Stata, Zip	Coda)	
	Haalth Haalth em 27		JOHN KELLY				ORN CIR	CLE #2	01	TOWSON	, MD	21	286		
ore	Of He		20a. Mathod of Disposition 1 X Burlal 2 ☐ Cramation 3 [	Demousifeen State	20b. Piaca of camatar		on (Nama of ory or othar pla	ice)		Data	20c. Lo	cation - (	City or To	wn, Stata	
Baltimore,	permit. Pages 1 ar Department of Haa Important: If Item 2 any Injury or other once.		4 Donation 5 Other (Speci		DULAN	EY V	LLEY M	EM. GA	R.	4/1/96	COC	KEYS	VILL	E, MI	)
at	Departr mports any Inj		21. Signature of Funaral Sarvice Lice	nsee			ama and Addra								
m	88 E 5 8		1///				INSON F							006	
			23a Part1. Entar tha disaasa, or con	plications that caused to	he death. Do n	ot antar th	21 LOCH ha moda of dyl	RAVEN	ardiac o	or respiratory a	WSON mest,	, MD	21	286 Approxim	ata
	Physician	4	shock or haart failura. List only	ona causa on aach lina									į	Intarvai B Onsat and	atween d Death
/	/Medical		Immediata Causa (Final	Tin	er Fail	1170							İ		
	Examiner		disaasa or condition rasulting in daath)	ā									1 1	4 mon	ths
		ē			ua to (or as a c								1		
	betu. b ansit	Examiner	Conventiolly list conditions		holic (		1								
o î	icata be asscuted physician and s the burial-transit	Ä	Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury		ao 10 (01 ao a 0	onsoquan	100 017.								
68760,	s be sicia	cai	that initiated evants	c	ua to (or as a c	กกรคสมเลก	ice of):								
	certificata be axecuted nding physician and use as the bunal-transit	Medical	resulting in daath) Last		au (0 (0) uo u 0	oriooquari	100 017.						i		
Вох	leath certifica attending pl	S		d									<u> </u>		
	0 0 2	Physician/	Part II. Other eignificant conditions	contributing to death but	not rasulting in	tha unda	dving cause gi	van in Part I.		23b. Did	tobacco	uee con	tribute to	the cause	of death?
0	by th	hys					,								Unknown
٥,	as tha igned be de	ру Р										X.			
Records,	.≧ o D	8								24a. Was	an autop	sy	24b. W	ara autops ailabla prio	findings
ပ္ပ	> 11 W	olet								pend	omed?		co	mpletion of daath?	cause
Re	The la	Completed								101	Yas 2X	OME			∑] No
O			25. Was casa rafarrad to medical					00 01	10 1			2140	1.	J 185 22	7 140
5	Physician: this certific ral director,	o Be	axaminar?	Hospital:	□ ED 10 .		Ott	har-		h (Check only o					
ō	Phy raid	: To	1 ☐ Yas 2 ☑ No 27. Mannar of Death	1 ☑ Inpatiant	-		3LI DOA	4 LI Nur		ma 5 Rasi 28d. Dascribe				y)	
ion of Vital	or Attending Phuner death. Pleactor: After thin by the funeral	tio	1 X Natural 5 ☐ Panding	28a. Data of Injury (Month, Day	Year) In	jury	28c. Inju Wo M 1	nk? ]Yas 2∐ N		DOMESTIC STORY	, ,	//			
S	then don't y the	lica	3 Sulcida 6 Could not b	OB Disco of laive	v - At homa far			7		28f. Location (	Street and	d Numbe	or Or Aura	/ Routa Nu	mber.
K	and and	Certification:	4 Homicida determined	building, atc.	(Specify)	m, ottolot,	nactory, cinica		-	City or To	wn, State)	)			,
		_	29a. Cartifiar 1 Certifying Pt	nysician: To the best of	my knowiedas	death oc	curred at the ti	me date and	nlace	and due to the	Caliso(s)	and mar	nar ac e	tated	-
	Pure Pure at ely	edicai	(Check only 2 Medical Example)	niner: On the basis of a	xamination and	Vor Invast	igation, In my	opinion, daatt	h occurr	ed at tha tima,	data and	place, a	nd dua to	tha cause	(s)
	To the Hoppies within 24 To the P.	Me	29b. Signative and title of certifiar			_	29c. Licens	sa number			29d. Data	a signed	(Month,	Day, Yaar)	
	- s - ō		WALLE	mount	W	7	02	894	19		71	70	30	16	
	2		20 Name and add and days	V	W. //www. 20. 1 **	Contract Contract		- 1	. 1		7	16	11	0.	
	0		30. Nama and addrass of person who	•				B		n 4					
-	CA	•	Panayiotis Baltat 31. Data filed (Month, Day, Year)	21S, M.D.,		rank.	ıın Squ	are Dr	ive	, Balti	more	,_Ma	ryla	ind 2	11237
	Sta Registr	-	APR 0 3 1996	Jula Levido		6									
	•		111 11 V -	<b>V</b>											

DHMH 16 Rev 6/95

. III

	Plea	se Type or State		aryland / D	)epa	rtmen	t of		and N	-	gien	e 9		09474
1. Decedent's Nem	a (First, Middla	a, Last)			00/1	moat	0 01	Douth		2. Dete of De	Reg. N	ю.		3. Time of Death
Jean	ette	M.		Lore	2n					April		ey 19	Yeer 96	11:33 AM
la. Fecility Neme (i	f not Institution	, give street end n	umber)					4b. City, To	own, or L	ocation of Deat	h 4	c. County	of Deel	ih
9228 Br	oken T	imber Way	7					Colum	bia			Hor	ward	
5. Social Sacurity N  327-26-9 Usual Residence of	018	6. Sex 1 □ M 2 X F	7. Age	e (In yrs. lest birt	rhdey) Yrs.	If Under Months	1 Yaa Days		Min.	8. Dete of Bir (Month, De Jan. 2	ву, Үөа	n 1933	Co	thplece (Stete or Foraign buntry) 111inois
10a. Stete	10b. County			10c. City, Towr	or Loc	ation								10d. Insida City Limits
MD	Howar	rd		Colum	nbia	l								1 ☐ Yas 2 No No
10e. Street and Nu 9228 Bro		mber Way				10f. Zip	Code 210	45			10g. C	itizen of V USA		ountry?
11. Meritel Status 1 Never Merr 3 Widowed		12. Wes De Armed F ied 1 Tyes If Yes, G Yeer or	orces? 2 X N		18	/as Daced Yes, spec	ify Cu	ban, Mexice	n, Puerto	pecify Yes or No Rican, atc.)	>-		ck, Whit	arican Indian, a, etc. hite

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercipet must be nother an once. Baltimore, Maryland 21215-0020

**Physician** 

/Medical

**Examiner** 

Funeral Director

Director

Funeral

by

**Physician** /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

eter	15. Dacedant's Ed (Specify only highast gra	ducetion ade co <i>mpleted)</i>	16a. Decedant's Usual ( Give kind of work	done during most of wa	16b. Kind of	Businass/Industry						
ompi	Elementery/Secondary (0-12)	College (1-4or 5+)	Bank Tell	,	Banki	ing						
To Be Completed	17. Fether's Name (First, Middle, Last) Alvin Kelly			18. Mother's Ne Lena	me (First, Middle, Maiden Sume Black	ame)						
_	19e. Informent's Neme/Relationship (Donald E. Loren	Type, Print) (Husband)			ural Route Number, City or Tow ay, Columbia, N							
	20a. Method of Disposition  1   ☐ Burial 2 □ Cremetion 3  ☐  4 □ Donetion 5 □ Other (Specif	Removal from Stete	Plece of Disposition (Nema cematary, crematory or oth- codlawn Cemet	er plece)		n - City or Town, State						
	21. Signetura of Funerel Sarvice Ucer	3/1/	Witzke 1	Address of Fecility Funeral Hon rin Knolls I	mes, Inc. Rd. Columbia, M	4D 21045						
	23a. Part1. Enter the diseasa for comshock, or heert fellura. List only		th. Do not enter tha mode			Approximeta Interval Between Onset and Deeth						
	Immediate Ceuse (Finel disease or condition rasulting in deeth)	e. Rectal Dua to (o b. Metastate	Cancer or as a consequence of):			8 months.						
Examiner		o. Metastati	c Reetal	Cancer		3 months						
ai Exai	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury	Due to (d	or es e consequence of):									
n/Medic	thet initieted events resulting in death) Last  Dua to (or es e consequence of):  d											
Physicia	Part II. Other significant conditions of	ontributing to death but not res	sulting in the underlying ceu	sa givan in Part I.	23b. Did tobacco use of 1 ☐ Yes 2 ☐ No	contributa to the cause of death?						
Completed by Physician/Medical					24e. Wes en autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?						
	05.14				1 □ Yas 2 DNo	1 ☐ Yes 2 ☐ No						
Be	25. Was cese referred to medical exeminer?	Hospitel:			eth (Check only ona)							
ation: To	1 Yes 2 No  27. Manner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Day Year)	28b. Time of fnjury M	dish 4 Nursing I ∴ Injury at Work? 1 Yes 2 No	Homa 5 Presidence 6 O							
edical Certification:	3 Suicide 6 Could not be datarmined	28a. Place of Injury - At h building, etc. (Specif	oma, farm, streef, factory, of	office	28f. Location (Street and Nur. City or Town, Stete)	nber or Rural Route Number,						
dicai	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	ysician: To the best of my kno niner: On the basis of axemina end menner steted.	owledge, deeth occurred at ation and/or investigation, in	the fime, data and plec my opinion, deeth occ	e, end due to fha ceuse(s) and r urred af the time, deta end plece	menner as stated. e, and due to the ceuse(s)						
Σ	29b. Signeture and fitla of certifiar		29c. l	icansa number	29d. Data sign	ned (Month, Day, Year)						
	Mei-Hai	Wang.	D	45972	April.	2,1996.						
	Mei-Hui Wang,	complated ceuse of daeth (Itar	n 230) (Typo, Print) Le Pataxent	Parkway, J	Guite 205, Colum	nbia, MD 21044.						

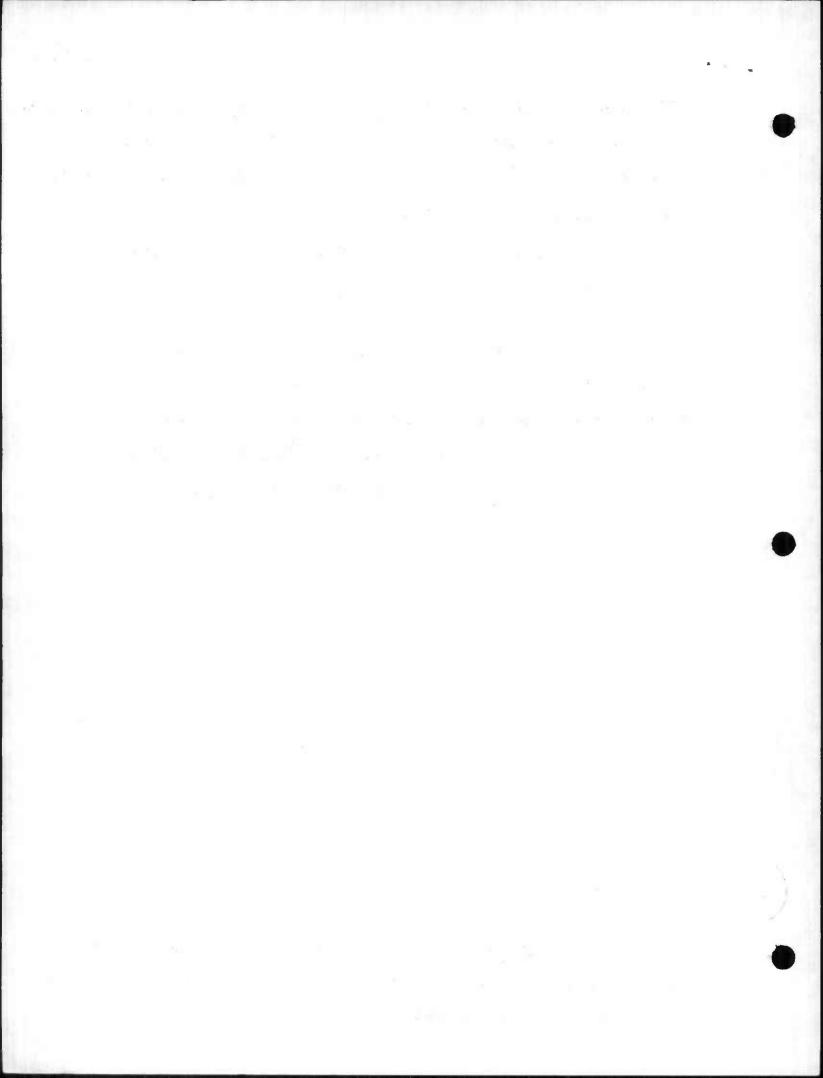
32 Registrer's Signeture

State

Registrar

31. Data filed (Month, Dey, Yaer)

APR 0 3 1996



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ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	<b>DEPARTMENT</b>	0F	HEALTH	AND	MENTAL	HYGIENE
		CF	ERTIFICATE	O	F DEAT	TH		REG. NO.

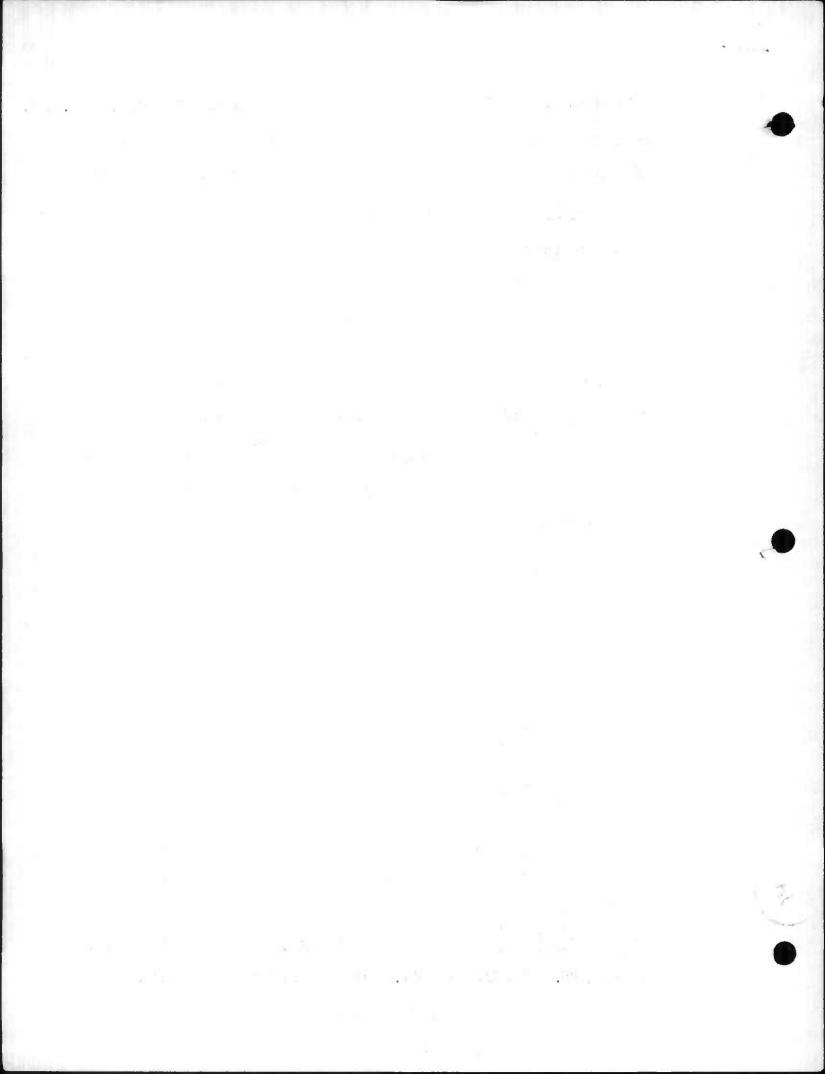
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  James Richa	rd Morrow,	Jr.			2. DATE O	h 30,	[996 <b>YE</b>	AD	12:40 A.	
	472 02 00EE	SEX 6. AGE (In 77		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE C	-1918	0. 8	DIRTHPLA Couptry)	CE (State or Foreign	
E CH	9a. FACILITY NAME (If not institution, give street  Meridian Homewood  RESIDENCE OF DECEDENT				r LOCATION OF DE	ATH		9c. COUNTY N/A	OF DEAT	Н	
DIRECTOR	100. STATE 10b. COUNTY Maryland N/A			own or Locat						1. INSIDE CITY LIMITS? X YES 2 \( \square\) NO	
FUNERAL	100. STREET AND NUMBER 1724 Aliceanna S	treet		101	ZIP CODE 21231			10g. CITIZEN	OF WHAT	COUNTRY?	
BY FUN	11. MARITAL STATUS 1: 1 Never Married 2 Married 3 Widowed 4 Divorced	P. Was decedent ever in Forces? 1 1 Yes IF Yes, Oive war or dat	2 NO	If yes, spe	ENDENT OF HISPAN city Cuban, Mexica 2X NO Specify	n, Puerto R	(Specify Yes Ican, etc.)	or No — 14.	Snecth:	American Indian, hite, atc. White	
LETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use n Salesma	k done during mo etired.)	N at of working		uince	Mor:	row	Co.	
COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First, Middle, Maiden Surname)						
ш	James R. Morr	ow , Sr.		Cora							
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	Nancy Marie Morr		1724			Street, Baltimore, Maryland 2					
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	Н	PLACE AND DATE OF I	ervice	Corp. 4	-1-96		son, M		and 21204	
	21. SIGNATURE OF FUNERAL SERVICE LICEN  Wallace		Ss, 21.	Ruck	d adoress of fa Towson F York Roa	unera				21204	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart tailure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (or AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
AL	PART II. Other significant conditions of	contributing to death bu	t not reaulting in	the underlying	cause given in	Part i.	24a. WAS AN PERFOR	MED?	CO OF	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 (2)	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL		DEATH YES		UNCERTAI	N 🗆				^	
Sic		IOSPITAL:	tient 3 DOA	THER: Nursing Hom	e 5 🗆 Residence	6 🗆 Other	(Specify)				
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (	OF 28c. INJ	RK?	28d. DE\$	CRIBE HOW I	NJURY OCCUR	ED		
100	2 Accident investigation 3 Suicida 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Specific		et, factory, offic	•		ATION (Street a or Town, State)	nd Number or I	Rural Route	e Number,	
COMPLETED	Condon Only	N: To the best of my knowle On the beels of exemination							ouse(e) en	d menner as stated.	
BE	290, afchartine and TITLE OF CENTIFIER	Mul	7		29c. LICENSE NUI	MBER 3 9	Į.	29d. DATE SI	GNED (M	onth, Day, Year)	
2	Joseph W. Zeble	v. TTI M.D.	7801 Yo		l, Towson	n, Ma	ryland	21204			
	APR n 3 1996 Julia	APR 0 3 1996 Julia de de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la co									

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State of Maryland / Department of Health and Mental Hygiene 96 091, 76

						Certi	ficate of	Death		Reg. No.	0	2410		
	Physic		1. Decedent's Neme <i>(First, Mid</i> Meredith						2. Dete of Dee Month March		96°.	3. Time of Death 5.40pm.		
b	/Medi Examir		4e. Fecility Neme (If not instituti	on, give street and number	)			4b. City, Town, or I				00100		
1				ty General H	-			Columbia		- mr.	ard			
	Funeral Director		5. Sociel Security Number  449–12–6044  Usuel Residence of Decedent	6. Sex 1 X M 2 □ F	ge (In yrs. last bir 81	Yrs.	f Under 1 Yeer fonths Deys		8. Dete of Birt (Month, Det Mar. 28	y, Year) 1915	9. Birthp Cour Te:	olece (State or Foreign htry) XAS		
	e Maryland	ctor	MD Balt	imore	10c. City, Tow Cator						1	0d. Inalde City Limits 1 ☐ Yes 2 1 No		
	th with th	Funeral Director	10a. Street end Number 719 Maiden Ch	oice Lane			10f. Zip Code 21228	3		10g. Citizen of USA	Whet Cour	itry?		
020	d within 72 hours after deeth with the Maryland jiene. I than "natural", or itema 23a or 28a-f ahow to than "natural", or itema 23a or 28a-f ahow to the mail be notified at	þ	11. Meritel Status 1 □ Never Merried 2 □ Ma 3 ☒ Widowed 4 □ Divorce	1/37 01	?		s Decedent of es, specify Cub Yes 2 X No	Hispenic Origin? (S pan, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)	14. Rec Ble Specif	ce - Americ ck, White, v: Wh:			
5-0	natu dical	etec		ent's Education est grade completed)	16a.	(Give kin	t's Usuel Occu d of work done	during most of wor	king	16b. Kind of B	usiness/Ind	dustry		
121		Completed	Elementery/Secondery (0-12)	College (1-4or	5+)		NOT use retire	9d)		Milit	ary			
Maryland 21215-0020	# F F	To Be Co	17. Fether's Neme (First, Middle James Martin	a, Last)				18. Mother's Ner Lucil	ne (First, Middle, le Tansi					
	and 2 should be eath end Mental n 27 is marked on the traumatic ever		19e. Informent's Neme/Reletion Marshal D. Mar	nship (Type, Print) tin (Son)				and Number or Rug Mist La				Code) 1044		
Baltimore,			20a. Method of Disposition 1   Burlel 2 □ Cremetion 4 □ Donetion 5 □ Other (		9		on (Name of ory or other pla Nat. Ce	40	Date 1996	20c. Location Arlingt				
Balti	permit. Peges 1 Department of H Important: If the any Injury or of space.		21. Signature of Funeral Service	P-Licensee	# 1	Wit		neral Hon			√D 2	1045		
	_		23a. Pert1. Enter the disease, a shock, or heart feilure. Lie	or complications that cause	nd the doubth. Do i			n Knolls Ing, such as cardied				Approximete Interval Between		
N.	Physician		Immediate Cause (Final Proposition of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transport of Transp											
	/Medical Examiner		disease or condition resulting in death)	a. Bronch	•						Tv	wo Weeks.		
		Jer		Acute	Exacerba	conseque	of Chi	ronic Obs	tructive	Pulmon	arvī	un Waaks		
	cuted	Examiner	Sequentially list conditions.	b	Due to (or es a			01110 000	3, 40 3, 10	Diseas	-	vo weeks.		
90,	oe exe		Cause (Disease or Injury that initiated events resulting in death) Lest  Due to (or es e consequence of):									Two Weeks.		
x 68760,	law requires that the deeth certificate be executed es been signed by the ettending physicien and a 2 should be detached for use as the burlet-transit													
Box	deeth ce ettendii d for use	Physician/	Pert tt. Other significant condit	tone contribution to death (	huit national description le		shates assume a	hina la Danii	not Dida	labana was sa		Abo arrive of death 0		
P.0.	res thet the de igned by the e be detached to	hys	Carcinoma of					ven in Pert I.		robacco use co Yes 2□ No		the cause of death?		
	es the igned be de	þ		Lere Lang Wi	on Thean	norrec	COMILY							
of Vital Records,	law require es been si 2 should l	Completed	Carcinoma of	Prostate.					24e. Was perfo	en autopay med?	8V CO	ere autopsy findings allable prior to mpletion of cause death?		
E E	The ate h	Соп							101	res 2X□No	10	☐ Yes 2∭ No		
Ž.	Physician: The this certificate ral director, peg	Be	25. Wes case referred to medic examiner?	Hospital:			_ Ot	her	th (Check only o	-				
	Phys ral di	. 70	1 ☐ Yes 2 ☒ No 27. Menner of Deeth	1X Inpati 28a. Dete of Inj	lent 2 ER/Ou	tpetlent Time of	3LI DOA	4 Li Nursing H	ome 5 Resid			N)		
ion	Attending I r death. ector: After by the funer	atlor	1 Netural 5 ☐ Pend 2 ☐ Accident inves		ay Year) I	Injury	28c. Inju Wo M 1	rk? ]Yes 2□No		N/A.				
Division	after death	Certification:	3 ☐ Suicide 6 ☐ Could	not be 28e. Plece of In	jury - At home, fe		, fectory, office			Street and Numi	per or Rura	al Route Number,		
-	To the Hours after death within 24 hours after death To the Funeral Director: completely filled in by the	edical (	29e. Certifier (Check only one)	ing Physician: To the best I Examiner: On the basis of end menner s	of examination en	e, death oc d/or invest	curred et the ti	ime, date end place opinion, death occu	, and due to the or rred at the time, o	cause(s) end m dete and piece,	enner as a and due to	ated. the cause(s)		
	To the To the comple	M	29b. Signeture end title of cert	blank.	_		29c. Licen	se number 80469 .		29d. Dete signe larch 30				
	20		30. Neme and address of person N B Vellanki, M	D. 9055, Che	deeth (Item 23a) Vrolet D	(Type, Prir	#100, E	llicott (	City, MD	21042.				
	Sta Registr		31. Dete filed (Month, Day, Year APR 0 3 1996	32 Regist	rer's Signeture	٥								

DHMH 16 Rav 6/95



3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

13146,
BOX
P.0.
RECORDS,
VITAL
OF
DIVISION

12:25 nIK RANK 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 76 Month, Day, Year) -09 8 -3162 1 M 2 - F SAL Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH HOR12 ON SPECIALIT 1'T DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 | NO Maryland
10e. STREET AND NUMBER Baltimore FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21231 USA 207 S. Chester Street certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit in the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.

1, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. hours after death. Page 6 may be retained by the hospital or attending physician. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☐ NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Narried BY White 3 Widowed 4 Divorced 7/1/1942-11/9/1945 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) Laborer Factory n 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Maryanna Pieto Andrew Mik 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 207 S. Chester Street Baltimore, Md 21231 Gertrude Mik Wife 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20s. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 1 Buriel 2 Cremetion 3 Re Owings Mills, Md Garrison Forrest Va Cemetery 22. NAME AND ADDRESS OF FACILITY David J. Weber Funeral Home 401 S. Chester St. Baltimore, Md 21231 23. PART I. Enter the disease. or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition resulting in death) ongestue within DUE TO OR AS A CONSEQUENCE OF) Atheroselerohe executed Cardiovancular CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING 3 certificate CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST death PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Stroke MAILABLE PRIOR TO COMPLETION OF CAUSE that 1 | YES 2 NO DF DEATH? Chronic Disease 1 TYES 2 NO PHYSICIAN: WE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) He H HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 | YES 2 NO PHYSICIAN: 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED L DIRECTOR: After this ce hours after death with the lem 28 is marked, 1 Natural 5 Pending Investigati 1 YES 2 NO BY 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED 6 Could not be 4 Homicide OR COMPLI 1 K CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. HOSPITAL FUNERAL I IMPORTANT: If 2 🗍 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner as stated. NATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 불복불 96 038675 1 2 P 8 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BOEL MESHUMAM SHAMOVER BALT MD 1147 2.1230 12 REGISTRAR'S SIGNATURE APR 03 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH



i i i

# Please Type or Print in Black Indelible ink. Assure Ali Copies Are begible State of Maryland / Department of Health and Mental Hygiene 5 9 4 7 8

					Certificate of	f Death	F	Reg. No.		
		1. Decedant's Name (First, Middla, La	st)				2. Dala of Dee		Vaaa	3. Time of Death
Physic /Medi		JAMES WILLIAM MY	ZERS					29,1996	Year	1:32 am
Exami		4a. Fecility Nama (If not institution, give	a street and number	)		4b. City, Town, o	or Location of Death		of Death	a volume
		GREATER BALTIMOR	RE MEDICAL	CENTER		TOW	SON	BALT	IMORE	3
Funeral Director		227-20-0400	ex 7. A	ga (In yrs. lest bi 68	Yrs. If Under 1 Yas Months Day			, 1927	9. Birthpl Count Virg	ace (Stete or Foreig in) inia
p a		Usual Residence of Decedent  10a. Stata 10b. County		10c. City, Tow	m or Location				146	Od. Inside City Limit
sho sho	7	Maryland Baltimor	<b>*</b> ***		River				10	1 ☐ Yes 2 ☑ N
h the Meryland r 28a-f show	ect	10e. Street and Number	re	MIGGIE				10-011	D	
death with the Meryland ms 23a or 28a-f show invest be notified at	Funeral Directo	334 Grovethorn Ro			10f. Zip Code 212	20		U.S.A.		
after mine	by	11. Marital Status  1 Never Merried 212 Married  3 Widowed 4 Divorced	12. Was Decedant Armed Forces' 1 XYas 2□ If Yas, Give Year or Dates:	?	13. Was Decedent of It Yes, specify Cu		(Specify Yas or No- erto Rican, etc.)		- Amarica k, White, e Whi	etc.
72 hours "natural",	ted	15. Decedent's Ed (Specify only highest gra	ducation	16a	Decedent's Usual Occ (Give kind of work don	upation	und in a	16b. Kind of Bu	siness/Ind	lustry
within ene.	Completed	Elementary/Secondary (0-12)	Coilege (1-4or	5+)	life. DO NOT use reti	red)	PORKING			
Hygien Hygien ther th	Con	10			Super	rvisor		U.S. G	overn	ment
d 2 should be filed within th and Mental Hygiene. 7 is marked other than traumatic svent, tre M	To Be (	17. Father's Name (First, Middle, Last) Wylie Myers				1000	ame (First, Middle, Thompson	Meiden Surnam	Θ)	
2 4 4		19e. Intorment's Neme/Relationship (1 Mary M. Myers (	Type, Print) Wife )		o. Meiling Address (Stre 34 Grovetho			-		
permit. Pages 1 and 2 Department of Heelth Important: If Item 27 I any Injury or other tr. 90cs.		20e. Method of Disposition  1 XBurial 2 Cremation 3		cemete	of Disposition (Name of try, cremetory or other phill Mem. Ga		Dete /01/1996	20c. Location -		wn, State
it. P		4 Donation 5 Other (Specify	2	INITY						Ma.
Depa Important any ir			Samo		Bruzdzin	ski Fune	ral Home 1	P.A.		
20,722.0		Harried 2	1/2/2	~			Ave. Ess		yland	
		256. Part1. Enter the disease, or come shock, or heart failure. List gay	one cause on each i	d the death. Do line.	not enter the mode of d	ying, such as card	lac or raspiratory ar	rest,		Approximete Interval Between Onset end Death
Physician /Medical		Immediate Course (Final							1	100
Examiner		Immediate Cause (Finel disease or condition resulting In death)	a	Ve	consequence of):	1-181511	CATION			ninutes
	<u>_</u>	Trace & Local		Due to (or as e	consequence of):					
pet is	듣		b			y pise	ME			
death certificate be executed death certificate be executed e ettending physician and dor use as the buriel-transit	Examiner	Sequentially list conditions, if any, leading to Immediate			consequence ot):				į	
be		if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C	1)(A.		circis				
ificate be exe g physician a	edicai	resuiting in death) Last		Dua to (or as a	consequance of):					
n certific anding p use as			d							
eath cert ettendin	clar									
ires that the death signed by the ette d be detached for	Physician/	Part II. Other significant conditions co								the cause of death
that deta	P.	CHEC	onic b	BNAL	INSUFFICE	ncy	101	/ss 2□ No	3 Prob	ably 420 Unknow
redu shoul	Completed by						24a. Wes o	en eutopsy rmed?	con	re autopsy tindings illable prior to inpletion of causa leath?
ician: The law certificate hes b rector, page 2 s	THIC						1□ Y	es 2 Xvo		Yes 2□ No
n: T ficat	Ö	25. Was casa reterred to medical								Tes 2LINO
Physician: The latting this certificate herral director, page	00	examinar?	Hospital:			When	eeth (Check only or			
문 등 절	. To	1 Yas No 27. Mapner of Death	28a Dete of Init		Itpatient 3L DOA	4 🗆 14012111Ğ	Home 5 Resid	lence 6 LIOthe low injury occurr		)
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thending death. Hor: After y the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be		iune At home fe	ırm, street, fectory, offic		28f Location /9	Streat end Numbe	or or Pura	Poute Number
8 8 8	IT.	4 ☐ Homicide determined	building, a	ic. (Specify)	im, street, rectory, onc	8	City or Tow		or or marar	riodia ridinosi,
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State of Maryland / Department of Health and Mental Hygiene 6 19479

			Decedant's Name (First, Middle, La	esti		Certific	cate of	Death	2. Dete of I	Reg. No.		3. Time of Deeth
	Physic			BUR MORG	AN				APRIL	2, Dey 199	6 Yaar	9:55 A.M
>	/Medi Exami		4a. Facility Nama (If not Institution, gh GREATER BALTIMOR	,	CENTER		4	b. City, Town, or		afh 4c. County		
	Funeral Director		170-01-2701	Sax 7. Age	e (In yrs. last b		Indar 1 Yaar hths Deys	If Under 24 Hr Hours Mir		Birth Dey, Year) 12	9. Birthple Count PENN	ece (State or Foreign SYLVANIA
T	hend we		Usual Residence of Decedant  10a. Stete 10b. County		10c. City, Tov	wn or Location	)				10	d. fnalde City Limits
	72 hours efter death with the Meryland "natural", or items 23s or 28s-f show indical Examiner must be notified at	tor	MARYLAND N/A		BAI	LTIMORI	E CITY					1 Yes 2 No
	or 28	Funeral Director	10e. Street and Number			10	f. Zip Code			10g. Citizen of	What Count	ry?
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	/Medical Examiner	П	Immediate Cause (Finel disease or condition resulting in death)	a	Mon	JHOG	dckin	is ly	ma har	va		Month
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68760,	ficete be executed physician and is the buriel-transit	edical	fhef initieted events resulting in deeth) Lasf	c	Due fo (or es e	consequence	of):		-			
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State of Maryland / Department of Health and Mental Hygiene 96 09480

				C	ertificate o	f Death		Reg. No.		
Physic /Med		1. Decedant's Nama (First, Middla, La	Irene	Noi	RNAN		2. Data of D Month MANC	Day	Yeer / 996	3. Time of Death
Exami	ner	4a. Facility Name (If not institution, giv	e streat and number) 464 pith	QUE N	Tex	4b. City, Town, or L			y of Death	cont
Funeral Director		5. Social Security Number 6. S 218-22-3852	ax	yrs. lest birthde Yrs	Months Day		8. Dele of B (Month, D Dec. 1,		Coun	lace (State or Foraign itry) sylvania
death with the Maryland ms 23s or 28s-f show f must be notified at	ctor	10a. Slete 10b. County Maryland Cari		City, Town or	Location Finks	sburg			10	0d. Insida City Limils 1 ☐ Yes 2 🔀 No
th with the Marylar 23s or 28s-f show	al Director	10e. Street end Number 1876 Lakeland Dra	ive		10f. Zip Code	21048		10g. Chizan of United		
or ite	by Funeral	11. Maritai Status 1 ☐ Nevar Merried 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorcad	12. Wes Decedant Evar i Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas:	n U,S. 1	3. Wes Decedent of If Yas, specify Control of Yas 2 № N	f Hispenic Origin? (Spuben, Mexican, Puerto o Specify:	pecify Yes or N Rican, etc.)		ca - Americ ack, White, o ity: Cauc	etc.
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d 2 should th and Mer 7 is marke traumatic	_	19a. Informant's Name/Ralationship (	Type, Print)	19b. M	alling Addrass (Stre	et and Number or Ru	ral Route Num	ber, City or Town	n, Stata, Zip	Code)
gas 1 and t of Haalti if Itam 27 or other t		Matthew Norman  20a. Mathod of Disposition  1 Burfal 2DCramation 3 4 Donation 5 Othar (Specification)	Ramoval from Stata	<ul> <li>b. Place of Discematery, of</li> </ul>	Denniso sposition (Name of crematory or other p Crematio		Date	Columbu 20c. Location Hampste	- City or To	wn, Stata
permit. Pa Departmen Important: any Injury 2005.		21. Signature of Funeral Service Licer	4	2	22. Neme end Add					
Physician		23a. Part1 Erper the disease, or com- shoots of heart failure. List only	plications that caused tha dona causa on each lina.	laath. Do not	antar the moda of d	lying, such es cardiac	or raspiratory	arrest,	ID ZII	Approximata Intarval Batween Onsel end Deeth
/Medical Examiner	-e-	Immediata Causa (Final diseasa or condition rasulting in daath)	a. ACREE	CERE, o (or as a con		adas	Aced	ENT		12 hours
death certificata be asscuted e attending physician and of for usa as the burial-trensit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Undardying Cause (Disease or Injury that initiated events resulting in death) Last	C	o (or as a cons						
tha death ce y the attend sched for us.	ysician	Pert II. Other significant conditions of	ontributing to death but not	resulting In the	a undarlying causa	givan in Part I.	23b. Die	d tobecco use c	ontributs to	the causs of death?
es that igned b	by Ph	ADMIT RESPIRA	Hony Dist	ness	SYNI	rome		Yes 2 No		
aw requ	Completed by Physician	Conduting An	tony Disi.	ASE,	STATUS	-7887	24a. Wa per	is an autopsy formed?	eva	ara autopsy findings alleble prior to mpletion of cause daath?
The Brand	Be Cor	25. Was casa referred to medical axaminar?	tiny By	455	and Ga	26. Place of Dea		Yes 2 No	10	Yes 2 No
anding Physician: sath. or: Ahar this certific the funeral director,	ation: To	1 Yas 2 Ho  27. Mannar Death 1 Natural 5 Panding 2 Accidant Investigetion			a of 28c. In			sidence 6 🗆 Ot		0
urs lifter dural Directi	Certification:	3 Suicida 8 Could not be data mined	building, etc. (Sp.	ecify)			City or To	(Street and Num own, State)		1-1/14
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To the To the comple	Σ	29b. Signelura and litia of certified	0			nse number		29d. Dele sign		
01		30. Name and addrass of person who	complated causa of death (	Item 23a) (Typ	pe, Print)	19502 10004WITT 10000,5	- 40ep	THE	CONZ	1996
V	nto.	OR MANDO B: 6 31. Data filed (Month, Day, Year)	NAN AN AND A		PANDA	CLONIU	rice	211:	33	
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**JORE, MARYLAND 21215-0020** 

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NIVISION OF VITAL RECORDS, P.O. BOX 68760 ECTOR After this ce

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HOUL	D O	E
INCLUSE HOSPITAL ON A WEAL POSICIAN: The law requires that the death certificate be executed within 24 hours after death 3g 6 may be retained by the hospital of	TO THE FUNERAL MURCION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he find within 72. The find within 27 members of the find within 27 members. The find within 27 members of the find within 27 members of the find within 27 members.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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96 09481 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR CLARA RICE NICODEMUS MARCH 1996 :00

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		MONTHS	DAYS	HOURS	MIN.	7. DATE OF BII (Month, Day,	Year)		6. BIRTHPL/ Country)	ACE (State or Foreign
	213-10-5180 A	1 □ M 2 🔀 F	89	YRS.					Sept 8	, 19		Mary1	
_ 1	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATH		9c. COUN	ITY OF OEAT	TH .
DIRECTOR	Genesis Elderca	re			LaP1	ata					Ch	ar1es	
S	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	ION					10	d. INSIDE CITY
	Maryland Charl	es		]	LaP1a	ata						1	LIMITS?
AL	10e. STREET AND NUMBER					10	. ZIP COD	Ε			10g. CITIZ	ZEN OF WHA	T COUNTRY?
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FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. AR		13.	WAS DEC	ENDENT (	OF HISPAI	NIC ORIGIN? (Spi	ecify Year	or No-	14. RACE Black, W	American Indian, /hita, atc.
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COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(G	CEOENT'S ive kind of Do NOT u	work done	durina mo		ing	16b. KIND	OF BUSI	NESS/IND	USTRY	
اي	Elementary/Secondary (0-12)	College (1-4 or 5	+)						0.	m Ua			100
Ž		years	Hom	emak	er					n Ho			
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle,			200	
BE	Lee Rice										Hall		
2	19a. INFORMANT'S NAME (Type/Print)	/2- 1							Route Number, Ch				00007
	Mr. William R. Rea	a (Nepl		40 T				Cir					FL 32937
	20s. METHOD OF DISPOSITION 1 № Burlel 2 □ Cremation 3 □ Remo	oval from Stata	20b. PLACE	matory or o	other place							City or Town	
	4 Donation 5 Other (Specify)	-4	Linga	nore			4			Unio	nvil	le, M	D
	21. SIGNATURE OF TUNERAL SERVICE LIC	ENSEE	00		L 22.	orin	ADDRE	ers	Funeral	Dir	ecto	rs. I	nc.
	losype	4. 1/2	lho						Rd. Ra			-	
	23. PART I. Offer the diseases, or o				_								Approximata
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	disease or condition resulting in death)	Cal	MES	TIV	(-)	H	EA	RI	FA	11 1	1 Ri	I 19	MIFEC
	reauting in death)	DUE TO	OFFAS A CONSE	OUENCE C	OF):	-			1.0	-	,	6	200
z		a Athe	LOSC	LE	ROT	76	H	EX	MI	20	EN	EASE	1 YKS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	DUENCE C	OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury	с											
불	that initiated eventa reaulting in deeth) LAST	DUE TO	(OR AS A CONSE	OUENCE C	NF):								
EA	reading in death) CAST	d											
0	PART II. Other aignificent condition	s contributing to	deeth but not	resulting	In the u	nderlyin	g ceuse	given in	Pert I. 24s.	WAS AN A	WTOPSY	24b. W	ERE AUTOPSY FINDINGS
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	EXAMINER?	HOSPITAL:			QTHE	R:							
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E	3 Suicide 8 Could not be 4 Homicide datermined	building	, stc. (Specify)	zine, reitii,		itory, orni	- es		281. LOCATION City or Tox		ng Number	or nural nou	e rearriber,
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BE	296 SIGNATURE AND TITLE OF CERTIFIED						29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED (M	lonth, Day, Year)
00 1													

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pring)
VIN KUMAR T PATEL 603 POST OFFICE RI

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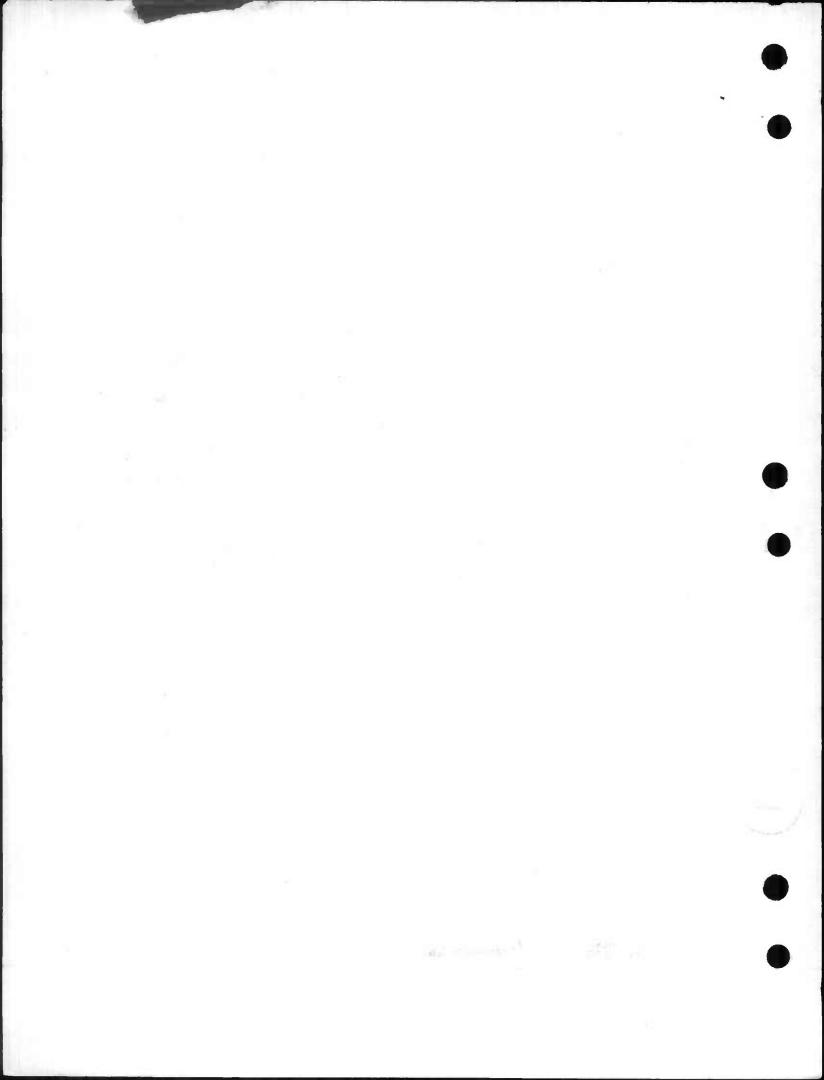
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ASHVIN KUMAR 31. DATE FILED (MORTH, Day, Year) APR 0.3 1996

T LATEL

32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89



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THE WHITHING PHYSICIAN: The law requires that the death certificate be executed without after death. Page bit may be fetained by the attending physician and completely filled in by the funeral director, page 5 should be detached the law with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	254	72	POR	ECTOI S afte	A: Af	ter th	ith t	CIAN prtific he S	ate tate	law Dept.	required .	signe lealth	d by	the a	the H	ling p	thysic prio	ian ar	d col	mplet	ely fil	ed in	by the	he fu	neral	direc	tor. p	age age	s sho	2 P P P	2 2	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TAN	14	Item	1 28	.52	nark	ed,	10	tem	23	shor	Ars a	ny i	H	, 00	oth	er tr	auma	tic e	vent	, the	me	dica	еха	min	EL III	Inst	pe I	otif	ed a	t o	

	1 - STATE REGISTRAR	STATE OF MARY				F HEALTH		MENTAL H	<b>YGIENE</b> EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Las	cd Eug	ene	_	We	ns		2. DATE OF D MONTH March	DAY	1996	3. TIME OF DEATH 9: 59 AM
	4. SOCIAL SECURITY NUMBER  218-14-9753 94. FACILITY NAME (It not institution, give	1X M 2 □ F	GE (In yrs. lest	YRS.	ONTHS DA				5, 192	O Mar	yland
DIRECTOR	RESIDENCE OF DECEDENT	morial Ho	spit		13a	ltin	100	ecit	y L	N/A	1
DIME	Maryland 106. cour	N/A		10c. CITY,	Balti	more	City				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNEHAL	100. STREET AND NUMBER 4721 Ivanhoe Ave	•				101. ZIP CO	DE		10g.	U.S.	VHAT COUNTRY?
ED BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 X Divorced  15. DECEDENT'S E (Specify only highest gri	Aug. 26,43	es 2 N R DATES - Jan 16a. DEG	24,4	If yes	i, specify Cul YES 2 [X]NO	ban, Maxies D Specif			Spec	E — American Indian, k, Whifa, etc. ity: Black
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	o NOT use	retired.)			ı	ranspo	rtatio	on
_	17. FATHER'S NAME (First, Middle, Last)  James Eugene Ower	ns						ME (First, Middle Johnson		ne)	
TO BE	Ms. Anne L. Gaitl	ner (Daughte		MAILING A				Route Number, Cr timore,	_		1212
	20e, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Re 4 Denation 5 Other (Specify)	amoval from Stata	20b. PLACE A				Cem.	4/5/96	20c. LOCATION Balt		wn, State ,Maryland
	21. SIGNATURE OF FUNERAL SERVICE	Jeffre	у L. С	Gair				Funeral ad Balt			land 21204
Z	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Cerebr	n esch line.			,			or respiratory	r srrest,	Approximate Interval Batween Onset and Death  9 days.  10 Years
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR /									
EDICAL	PART II. Other aignificant condit	ona contributing to deat	h but not re	esulting in	the under	lying cause	given in		WAS AN AUTOF PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
HYSICIAN: M	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL			TH YES			ICERTAI	N 🗆			
200	EXAMINER? 1   YES 2   NO	HOSPITAL:			OTHER:		Raaldenca	6 Other (Spe	ecify)		
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		28b. TIME INJU	RY	WORK?	□ NO	28d. DESCRIB	E HOW INJURY	OCCURED	
3	3 Suicide 8 Could not 4 Nomicide detarmined	28a. PLACE OF INJ building, atc. (	URY — At ho Specify)	me, farm, str	set, factory,	offica		281. LOCATION City or Tox	N (Street and Nu vn, State)	mber or Rural	Route Number,
COMPLET	0001	YSICIAN: To the best of my k									a) and manner as stated.
O BE C	296. BIGGIUNE AND TITLE OF CERTIF	/UD					Q4				(Month, Day, Year) W 31, 1996
_	A. D. MOHAM	WNO COMPLETED CAUSE OF	DEATH (ITE	il 27) (Type, F	Print) 11.	NION	M	EMOR	MO.	HOSP 2121	N 31, 1996 17AL8
	31. DATE FILED (Month, Day, Year) APR 0 3 1996	eli Danition R	A. It							-1	

Item: 31 per F.H. G-734 4/3/96 reb Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Year KITTY MARCH 27, 1996 9:45pm /Medical 4e. Facility Neme (If not institution, give street and number) 4b City Town or Location of Death 4c. County of Death **Examiner** Potomac Valley Nursing Center Rockville Montgomery Hours Min. 8. Date of Birth (Month, Day, Year) If Under 1 Yeer 5 Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M XX F 216-16-1111 88 Yrs Director Nov. 28, 1907 Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examiner must be notified at 1XWes 2□No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 3927 Clarks Lane Apt B 21215 USA deeth 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 77No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. aemit. Pages 1 and 2 aboud be filed within 72 hours effer on parament of Health and Mental Hygiena. Insurant if them 27 is marked other than "natural", or its 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2√√No Specify: Specify: White þ 3℃Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) Sales Retail 17. Fether's Name (First, Middle, Last) 18. Mother'a Neme (First, Middle, Maiden Sumame) Louis Jacob Cohen Bella Hurwitz 19a. Informant'a Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Betsy Kanarek (niece) 5436 Forbes Ave. Pittsburgh, PA 15217 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State MXBuriei 2 ☐ Cremation 3XXRemovel from Stete injury or 4 ☐ Donation 5 ☐ Other (Specify) 3/31/96 Reading PA Mount Sinai Cem. are of Funeral Systylce Lichnses 22. Name and Address of Facility SOL LEVINSON & BROS., INC. terry 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23a. Part1. Enter by disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or he in failure. List only one cause on each life. Approximete Intarval Between Physician /Medical Immediate disease or con-resulting in death) PNEUMONIA WEEK Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events physician and the burial-tran LOSCLEROTIC CEREBRO P.O. Box 68760, Physician/Medical that Initiated events resulting In death) Last 60 esn for signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings available prior to 24e. Wes en autopsy performed? Completed peeu completion of cause of death? page 2 has 1 Yes 2 No 1 ☐ Yes 2 ☐ No cartificate Division of Vital funeral director. 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: Nursing Home 5 Residence 8 Other (Specify) 1 Yes ak No 0 1 Inpatient 2 ER/Outpatient 3 DOA After this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury et Work? 5 Pending daath. 1 ☐ Yes 2 ☐ No investigation 2 Accident or Attendation of the date of the chart. 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, straet, fectory, office building, etc. (Specify) 4 Homicide Hospital 24 hours a 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and piace, and due to the ceuse(s) and manner as steled.

2 Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical complately (Check only To the within 2 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature a heaton Ma 31. Date filed /M/ State Registrar

DHMH 16 Rev 6/95

AND THE PERSON NAMED IN STREET

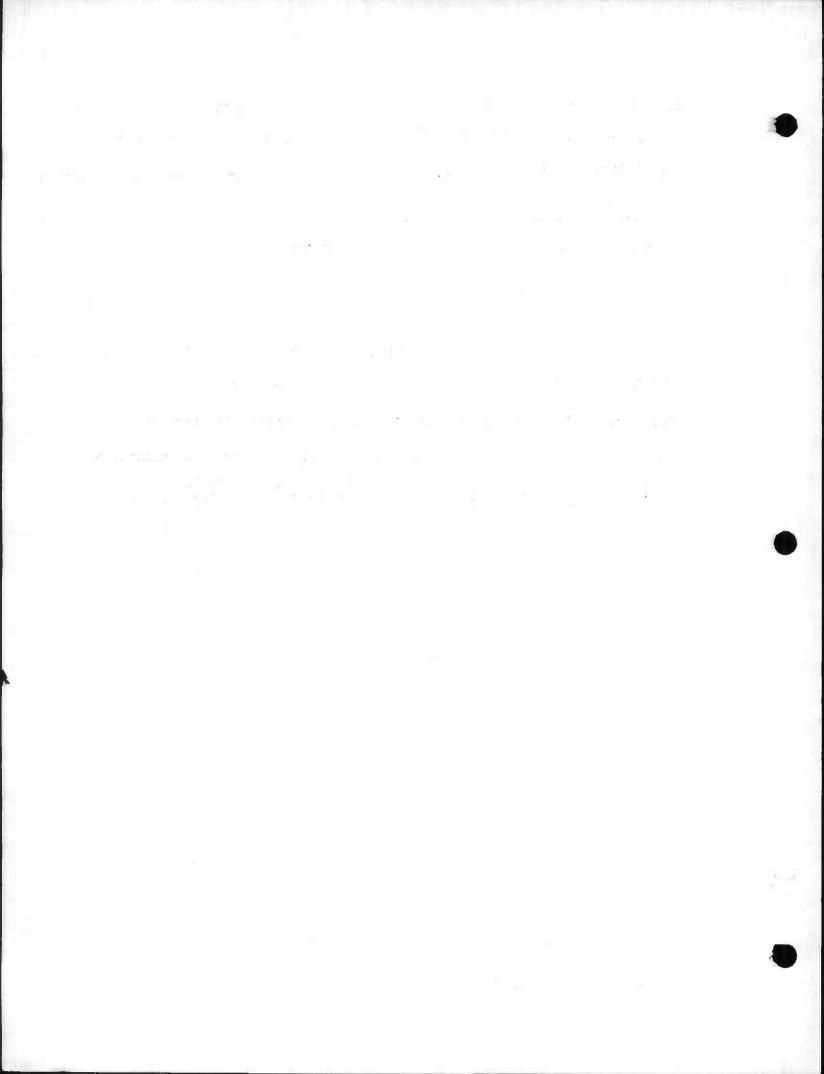
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State of Maryland / Department of Health and Mental Hygiene 96 09484

						Cen	tificate c	of Death		Reg. No.		
			1. Decedant's Neme (First, Middle, L	ast)					2. Date of De Month		Year	3. Time of Dea
	Physic /Medi		William Ja	ck Pat	ton				April		1996	4:15
J.	Exami		4e. Facility Neme (If not institution, git 12 Terrace Road	ve street end number)					r Location of Deet		of Death	
L				Sex 7. Ac	e (In yrs. la:	ot hinthdow	If Under 1 Ye	ESSEX				(Otn4= -= F:
L	Funeral Director		237-18-6073	1 <b>⊠</b> M 2□ F	75	Yrs.	Months De					lace (State or Fo try) Carolin
	pue *		Usual Residence of Decedent  10a. State 10b. County		10c. City,	Town or Loc	ation				10	0d. inside City L
	daryi f eho	0	Maryland Baltim	ore	1	Essex						1 ☐ Yes 2 ☐
	28s	Director	10e. Street and Number		1		10f. Zip Cod	0		10g. Citizen of	Whet Count	trv?
	s 1 and 2 should be filed within 72 hours efter death with the Manyland f Health and Mental Hygiene. Item 27 is marked other than "neturel", or Items 23a or 28a-f ehow other traumatic event, the Medical Examiner man be notified at	rai Di	12 Terrace Road					21221			U.S.A	•
	ar de	Funeral	11. Maritel Status	12. Was Decedent Armed Forces?		. 13. W	les Decedent of Yes, specify C	of Hispenic Origin? ( Juban, Mexicen, Pue	Specify Yes or No erto Ricen, etc.)	)- 14. Re Ble	ce - America ck, White, e	
0700-01717	ours efte	by	1 ☐ Never Married 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	1 Tyes 2 If Yes, Give	W II	1	□ Yes 2Ct	No Specify:		Specia	y: Whit	te
ם ה	72 ho	ted	15. Dacedent's E (Specify only highest o			16a. Decede	ent's Usuel Oc	cupation	orkina	16b. Kind of B	usiness/Ind	ustry
Ž	an an	Completed	Elementary/Secondary (0-12)	Collega (1-4or	5+)			ne during most of w tired)	UKHIY			
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2	nould be filed within a Mental Hygiene.  Marked other than natic event, on Me	Be	17. Father's Name (First, Middle, Las William M. Patt						ame (First, Middle	, Maiden Sumai	n <i>e)</i>	
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mai yiaiid	2 sho		19a. Informant's Name/Ralationship		,	The same of	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	eet and Number or I				Code)
	1 and 2 Health em 27 i		Mary Jane Patto	n (Wife			race R		ex, Mary			
alunde,	Peges 1 nent of H int: If ite iry or ot		20e. Method of Disposition 1   Burial 2 □ Cremetion 3	☐Removal from State	cer	netery, crem	ition (Neme of etory or other	place)	Date	20c. Location		
	men lant:		4 Ponetion 5 ☐ Other (Spec	ify)	Holl	y Hill	Mem. G	ardens 4/	4/1996	Baltim	ore Co	o. , Md
Da	permit. Peges 1 and Department of Health Important: If Item 27 any Injury or other tr 20029.		21. Six at re of Funeral Service Lice	onsee	۸			ski Funer Eastern			D 211	221
			23a. Part 1. Leter the disease, or connock or heart failure. List only	nplications that caused	the death.						J. 212	Approximete
ĺ.	Examiner	Examiner	resulting in death)  Sequentially list conditions,	b	Dua to (or a	as a consequal	uence of):	Conce		. , .		
,00700	death certificate be executed e attending physician end of for use as the burlal-transit		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated evants	C	Due to (or s	as a consequ	ence of):					
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200	attendir for use	ian										
5		Physician/	Part il. Other significant conditions	contributing to death b	ut not rasuit	ting in the un	darlying ceuse	given in Pert I.	23b. Did			the cause of d
Ŀ	thet the de led by the detached	P.							1 🗆	Yes 2 No	3 Prob	oably 4 Uni
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ט	has b	npi										death?
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N I G	ysician: The I s certificata hi director, pege	Be	25. Was cese referred to medicel examiner?						eath (Check only	ona)		
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	D je s	.E0	27. Manner of Deeth 1 2Naturel 5 ☐ Panding	28e. Dete of Inju (Month, Da	y Year) 2	28b. Time of Injury		njury at Work?	28d. Describe	how Injury occu	rred	
N SIGN	Attending Ph ir death. ector: After th by the funeral	cati	2 Accident Investigation 3 Suicide 6 Could not	00				I □ Yes 2 □ No				
2	or Att	Certification:	4 Homicide detarmine		ury - At hom c. <i>(Specify)</i>	ne, ferm, stre	et, fectory, offi	CA		(Street and Num wn, Stata)	ber or Rura	l Route Number,
>	To the Rospital or Attendir within 24 hours after death.  To the Funerel Director: A completely filled in by the fu	edicai Ce	(Check only 2 Medical Exa	hyalcian: To the best miner: On the besis o								
	the the	Med	one)	end menner st	eted.		200 110	ense number		29d. Dete sign	ad Alacth I	Day Voor
P.	To T To t		29b. Signeture and title of certifier.	atilong	. dr. l	٥.	20	-9559		4/1/	96.	
<b>y</b> .			30. Name and address of person who LARRY WATE,			BAC	Print)	EASTER	N AUE.	BALT.	2122	-4
	Sta	ate	31. Date filed (Month, Day, Year)		ar's Signatu							
	518	ate.	ADD 0 3 1996	Julia Davidson	~- Adapa							

DHMH 16 Ray 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Deeth 3. Time of Death Month RICE LYNE TIE 2:44 PM 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death HOSP BALTIMORE AGNES none Hours Min. 8. Data of Birth (Manth, Day, Year) If Under 1 Yaar 5. Social Security Number 6. Sax 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1□M 2MF Months Days 216-62-5563 MARY LAND Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits BAltimore 1 Yes 2 □ No 10e. Street and Number 1) one 10f. Zip Code 10g. Citizen of What Country? 3611 W USA 21229 Lexing lon 12. Was Decedent Ever in U,S Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian. 11. Marital Status Black, White, etc. Yes 2 No 1 ☐ Never Married 2 Married 1 Yas 2 No Specify: 3 Widowed 4 Divorced Yaar or Dates: African Am AMERICAL 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Church Minister 6 yrs 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Bennett LAWRENCE TRANCES 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3611 W. Lexington - BALLIMOXE, MARYLAND 21229 Rice Jr. lhomas Spowe 20b. Ptace of Disposition (Neme of 20c. Location - City or Town, State 20a. Method of Disposition cemetery, crematory or other place) 1 Burial 2 □ Cremation 3 □ Removal from State memoriac Wood PAUN 4 Donation 5 Other (Specify) 21. Signature of Funeral Servica Licenses 22. Name and Address of Facility WALLACE FUNETAL. 3405 W. FRANKLIN Street BATHIMORE, MARYAND 21229 23a. Parti. Entar the disease, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or head failure. List only one cause on each line. Approximate Intervel Between Onset and Deeth Immediete Ceuse (Finat disaasa or condition resulting in death) SPPSIS SYNPROME BOAYS Due to (or as a consequence of) PNEUMOMA 10pays ASPERGILLUS Sequentially list conditions, if any, leading to Immediate cause. Enter Undarlying Cause (Disease or Injury that Initiated events resulting in daath) Last Due to (or as a consequence of): LEUKEMIA LYMPHOCUTIC DCIME Due to (or es a consequenca of): Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part It. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy 1 Yes 2 No 1 Yes 22 No 28. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Menner of Death 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending Injury 1 ☐ Yas 2 ☐ No Investigation 2 Accident 3 Suicida 28e. Placa of Injury - At home, farm, street, factory, office building, atc. (Specify)

Box 68760 8 P.O. Records. Division of Vital

the burial-transit attending physician 88 for 90 certificata Big. After Attending death. Director: after A 24 Mours Funeral

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

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or Items 23a

"natural".

then

pemit. Pages 1 and 2 should be filed: Department of Health and Mental Hygic Important: If Item 27 Is marked other any Injury or other traumatic event

**Physician** 

/Medical

Examiner

Physician/Medical

by

Completed

Be

P

Certification:

Medical

The Medical Examiner must be notified

Director

g

Completed

Be

the Maryland

Baltimore, Maryland 21215-0020

25. Wes case referred to medical examiner?

4 Homicide

6 Could not be

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

1 Cartifying Phyaician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated.
2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and placa, and dua to tha cause(s) and manner stated. 29b. Signature and title of certifier ptgalonn

29e. Certifier

PRSIDENT MEDICAL

29c. License number PO 8214

21229

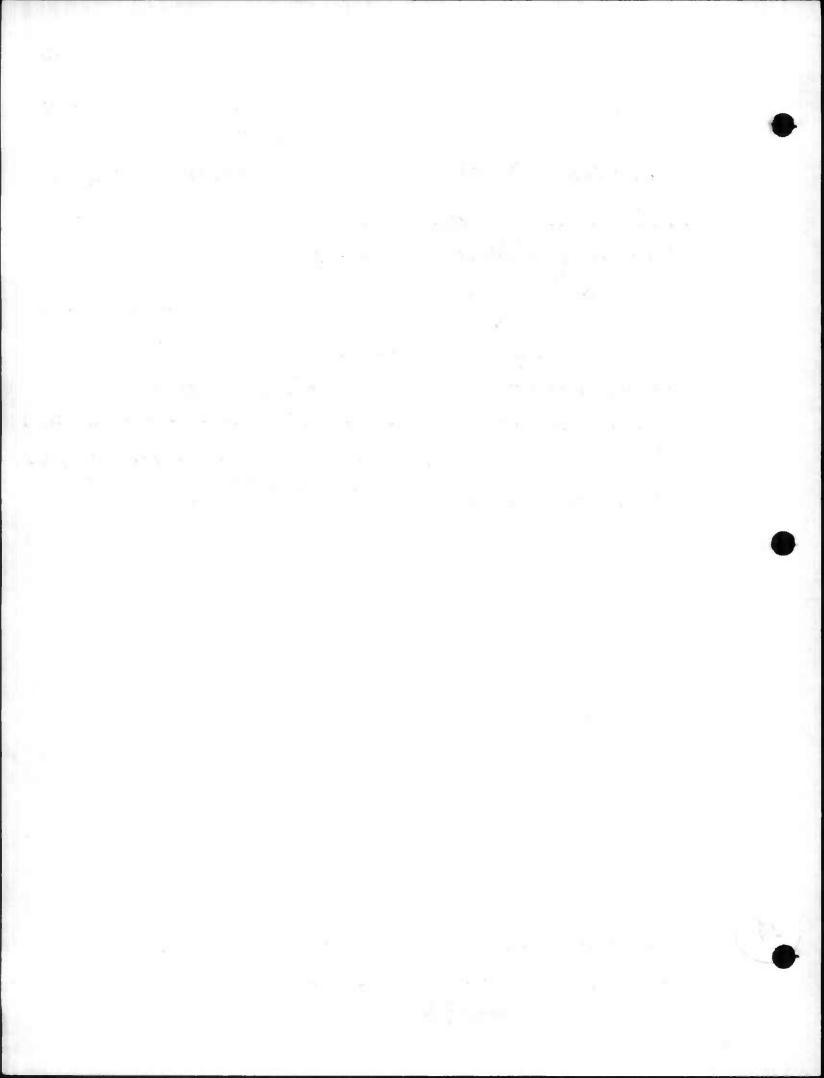
29d. Data signed (Month, Day, Year) APRIL 1, A96

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 900 CATON AVE BALTTHORE MP

PILAR ALMIS

State Registrar

31: Date filed (Month, Day, Year) APR 0 3 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 09486

Physic /Medi		1. Decedent's Neme (First, Middle, L Geve Leo	•	Rubin	)			2. Dete of De MAMOnth BCh	Day 1 29	Yeer 96	3. Time of Death
Exami		4a. Facility Neme (If not institution, gi	ive street and number)  OF B.A.H.	MORE	and the same of		lb, City, Town, o BALTIMON	Location of Deat	,	of Deeth	
Funeral Director			Sex 7. Age (	(In yrs. last bir 74	Yrs. If Unc	Ser 1 Year is Days	If Under 24 Hr Hours Mir	(Month, De	10, Year) 12,1921	9. Birthplac Country NORTH	ce (State or Foreign) CAROLIN
the Maryland 28a-f show nouried at	ctor	10a. Sfate 10b. County	I/A	0c. City, Tow		IMORE	2			10d	Inside City Limi
23e or 28	Funeral Director	10e. Street and Number 6300 RED CEDAR PL	ACE UNIT 200	0	10f. 2	ZIp Code	21209		10g. Citizen of USA		7
72 hours after death with the Maryland natural", or items 23s or 28s-f show pital Examinar must be notified	by	11. Marital Stetus  1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. Wes Decedent Ev Armed Forces? ↑ OYes 2 □ No If Yes, Give Year or Detes: W			cedent of Hoecify Cube	lispenic Orlgin? ( en, Mexican, Pue Specify:	Specify Yes or No rto Rican, etc.)	Specify	ce - American ck, White, etc	
5 . 3	Be Completed	15. Decedent's E (Specify only highest gr Elemantery/Secondery (0-12)				suel Occup work done usa retired	ation during most of w t)	orking	16b. Kind of B	usinass/indus	
be filed feel Hyg d other event,	e O	17. Fether's Neme (First, Middle, Las				TALL.	18. Mother's Ne	eme (First, Middle			
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			State of Maryland / Departi Certifi	ment of Health and M icate of Death	lental Hygiene	
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State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month Joseph Nicholas Stuhler, Jr. April 1996 4 a.m. /Medical 4e. Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 105 Cedarmere Rd. Owings Mills Baltimore H Undar 1 Yaar Hours Min. S. Dete of Birth (Month, Dey, Year)

Days Hours Min. Dec . 2,1922 6. Sex 1 ☑ M 2 ☐ F 5. Social Sacurity Number 7. Age (In yrs. lest birthday) 9. Birthplaca (State or Foreign Country)
Maryland **Funeral** 212-20-3724 73 Yrs. Director Usuel Residence of Decedant death with the Maryland 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other then "naturel", or items 23a or 28a-f show treumstic event, the Medical Examiner must be notified at Md. Baltimore Owings Mills 1 Yes 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 105 Cedarmere Rd. 21117 U.S.A. Funeral permit. Pages 1 and 2 should be filed within 72 hours after deal Department of Health and Manial Hygiana. Important: If Item 27 is marked other than "naturel", or incorport, or other treumatic event was more in the page. 12. Was Decedent Evar In U,S. Armed Forcas? Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Maxican, Puarto Rican, etc.) 14. Raca - Amarican Indian, Bleck, White, etc. 11. Marital Status 1 ☐ Never Merried 2 Married 1 Nes 2 No If Yas, Giva Yaar or Detes: 1 ☐ Yes 2 No Specity: δ Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grada completed) Elementery/Secondery (0-12) College (1-4or 5+) Rental Uniforms 12 Supervisor 17. Fethar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Sumema) Joseph Nicholas Stuhler, Sr. Ottilee Loos 19e. Informent's Neme/Raiationship (Type, Print) 19b. Meiling Address (Straat and Number or Rural Route Number, City or Town, Steta, Zip Code) Margaret Stuhler 105 Cedarmere Rd., Owings Mills, Md. 21117 20a. Mathod of Disposition 20b. Piace of Disposition (Name of cemetery, cramatory or other place) Data 20c. Location - City or Town, Stete 1 ☐ Buriaf 2 ☐ Cremation 3 ☐ Ramoval from Stete Apr. 4, 1996 Baltimore, Md. 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematorw 22. Neme end Addrass of Fecility 21117 Eckhardt Funeral Chapel 11605 Reisterstown Rd., Owings Mills, Md. 23a. Part / Entar the disaase, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or raspiretory arrest, shock, or heart feilure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** /Medical Immediate Cause (Final ARRHYTHMIA disaase or condition resulting in deeth) MINS. Examiner Due to (or es a consequence of) Examiner HYPOXEMIA MONTH physician and s the burial-transit Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Diseese or injury that initiated evants resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, METASTATIC ADENOCARCINOMA MOS-Physician/Medical Due to (or as e consequence of) MOS LUNG CANCER Po signed by the at d be datached for Pert Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown p 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performed? Completed peeu certificata has 1 ☐ Yes 2 No 1 Yes 2 No Division of Vital 25. Wes case referred to medical Be 26. Piece of Daath (Check only one) Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 2 # 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: Affar 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At homa, farm, street, fectory, office building, etc. (Specify) after A 4 Homicide To the Funeral D 12 Certifying Physician: To tha best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D36908 Phierip Noil Philippi MD APRIL 3, 1996 30. Name and address of person who completed cause of daeth (itam 23a) (Type, Print) 11722 REISTERSTOWN ND. KEISTERSTOWN MD PHILLIP NEIL PHILLIPS

Registrar

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State of Maryland / Department of Health and Mental Hygiene 96 09489

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Baltimore,	permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylar Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28af show any injury or other treumatic event, the Medical Examples mouthed at ODIGS.		20a. Mathod of Disposition		Plece of Disposi		201	Data	20c. Location -		
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0	g Physe er this		27. Mannar of Death	28a. Data of Injury (Month, Day Yaar)	28b. Time of Injury	28c. Injui Wo		28d. Describe ho			
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Division	Atte ecto by th	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined	28e. Plece of Injury - At h building, atc. (Speci	oma, farm, stree	at, factory, office		28f. Location (Si City or Town	reet and Numb	er or Rural	Route Number,
	s after or se or or or or or or or or or or or or or	Cer	Tomoda .	building, atc. (Speci	'97			ony or vom	, Otala)		
	hour hour hy fill		29a. Cartifiar 1 Certifying Phy	sician: To the best of my kno	owledge, death o	occurred at the tir	ma, data and piace	, and due to tha c	ausa(s) and ma	nnar as sta	ted.
	To the Hospital or Attending Physician 24 hours after death. To the Funeral Director: After the completely filled in by the funeral	Medical	one) 2 Madical Exami	ner: On the basis of axamine and mannar stated.	ALION RING/OF INVE	sugation, in my c	Apinion, daath occu				
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	IA		30. Nama and address of person who co	omplated cause of death (Itel	m 23a) (Type, P	rint) Li, L	in Song				
-	JH /		30. Name and address of person who co	istern Ave Ba	It, more	MDS	122xd				
	Sta	ate or	APR 03 1996	la dan de la la la la la la la la la la la la la							

3. Er 16

3. TIME OF DEATH

REG. NO.

2. DATE OF OEATH

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1. DECEDENT'S NAME (First, Middle, Last)

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April 2, SNIER, JAMES JEROME SR 1996 8:15 A. M 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 9. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 X M 2 F 65 Dec. 15, 191-22-5725 1930 Penn. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3207 Evergreen Ave. Baltimore City N/A RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore City 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 3207 Evergreen Ave. the bunal-transit 21214 U.S.A. 13. WAS OCCENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White Korean ED 15. DECEDENT'S EQUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY nse (Specify only highest grade 딥 Q Elementary/Secondary (0-12) Cotlege (1-4 or 5+) COMPLI 12 6 Electronics Foreman Bethlehem Steel Co. page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Snier to Chadwick notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Eunice L. Snier Same as #10 9 20e. METHOD OF DISPOSITION
1 X Burisl 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must funeral director, 4/5/96 Parkwood Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY PaulL Baltimore, Md. 21214 Hartsock, Jr. filled in by the fion, or removal. 5305 Harford Rd the Leonard J. Ruck, Inc. medical 23. PART i. Enter the diseases, or complication, that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory street, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel Onset and Death the cremation. diseese or condition Responston traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial. CERTIFICATION and Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury prior to attending physician other Hygiene ( DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST 10 the atter injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Signed by the PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES ENO OF DEATH? Shows 1 YES 2 NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NOW UNCERTAIN PHYSICIAN: has by Dept. 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? certificate I HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA ATTENDING PHYSICIAN: 4 Nursing Home Realdence 6 Other (Specify) 6 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this ce with t marked, Natural 2 Accident 5 Pending 1 YES 2 NO ВУ After death Investigation 28e. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Yourn, State) 019 6 Could not be determined DIRECTOR: A COMPLETED 4 Homicide 28 OR A item CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29a, CERTIFIER FUNERAL I within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERA be filed within 73 THE F 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B MO 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Stanley Walker. Suite 107 M.D. Union Memorial Hospital 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) whie Davidson Randelle APR 0.3 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

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#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** SR. MARCH 30 Pay 1996 2:23PM SAUNDERS **JOSEPH** WILLIAM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Anne Arundel Pasadena 1119 Bradley Road Hours Min. 8. Date of Birth (Month, Dey, Year) MAY 7, 1934 5. Social Security Number 7. Age (In yrs. last birthdey) If Under 1 Year Months Days 9. Birthplace (State or Foreign **Funeral** Days 1以M 2□ F MARYLAND 61 Yrs Director 215-30-5451 Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or flems 23s or 2ss. 1 any injury or other traumatic event, the terms. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Pasadena 1 ☐ Yes 2 No Anne Arundel Maryland Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21122 1119 Bradley Road U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 14. Rece - American Indian, Bleck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Married 2 Married white 1 ☐ Yes 2 ☒ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) self employed farmer Farmer 8th 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) TRIBULL SAUNDERS MAGDALENA RUDOLPH 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1119 Bradley Road Pasadena Maryland 21122 MARY C. SAUNDERS WIFE 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 Cremation 3 Removel from Stete 4/3/96 Glen Burnie Maryland 4 Donation 5 Other (Specify) Holy Cross Cemetery 21. Signature of Funeral Service Conne 22. Neme end Address of Facility STALLINGS FUNERAL HOME P.A. Hi Nay Jr Stallings 3111 Mountain Road Pasadena, Maryland 21122 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart fellure. List only one cause on each line. Approximete Interval Betw Onset and Deeth **Physician** /Medical Immediate Cause (Final LUNG CANCER disease or condition resulting in deeth) **Examiner** Examiner attending physician and for use as the bunal-transit The law requires that the death certificete be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the should be detached 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ 24a. Was an autopsy performed? 24b. Were autopsy findings evalleble prior to completion of cause of deeth? Completed ate has t ils certificate I director, pag-1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physicien: 24 hours after death. Funeral Director: After this certifica Be 25. Wes case referred to medical 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Presidence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA rector: After this by the funeral of 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 5 Pending investigation 1 Netural 1 Yes 2 No 2 Accident 3 ☐ Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide To the Hospital
within 24 hours a
To the Funeral C
completely filled 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and mennar as stated. Medical 29e. Certifier 2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and menner stated. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 96 D21336 2 Menso 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) SSIIS alm, ANDEREZ ALBIN KUHNG BOZB RITCHIE HWY 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture State who Davidson Registrar

DHMH 16 Rev 6/95

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death Reg. No.

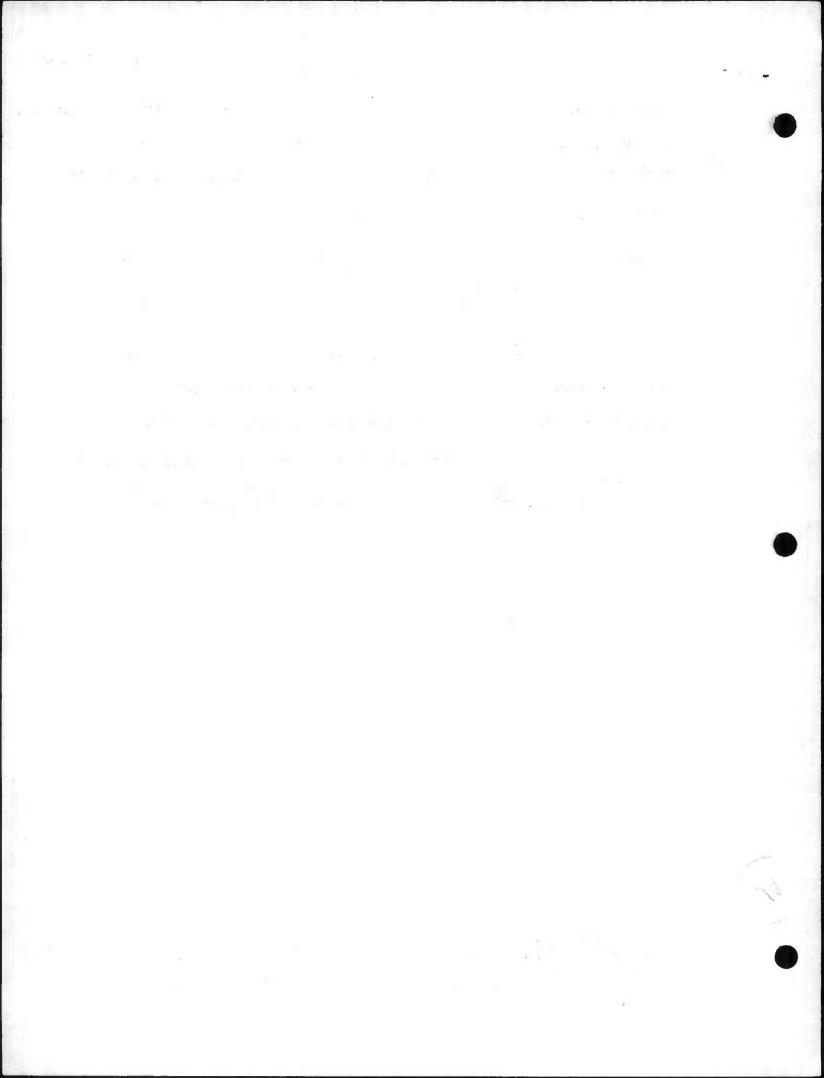
			Item: 19b. per F.H. G-734 4/3/96 reb		tificate of		F	leg. No.	0 !	9494
	Physic /Medi		1. Decedent's Name (First, Middle, Last)  JOSEPH SHUAC	K			2. Dete of Dee Month MARCH	Day	Yeer 96	3. Time of Deeth 0200 Aug
7	Examir	ner	4e. Fecility Neme (If not institution, give street end number)  Northwest Hospital Center			4b. City, Town, or Lo Randallst		4c. County Balt	of Deeth	2
	Funeral Director		5. Sociel Security Number 6. Sex 2 F 7. Age (In yrs. le	est birthdey) Yrs.	If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey April 1	Year) 5, 1914	9. Birthpl Count Mai	ace (State or Foreign ryland
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	with the Marylens a or 28a-f show be notfied at	Director	2	.ngs Mi	ills					Mes 2 □ No
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020	72 hours after death with the Maryland natural', or flems 23a or 28a-f show dical Examiner must be notified at	by Funeral	11. Meritel Stetus  1 □ Never Merried  2 □ Merried  3 □ Widowed 4 □ Divorcad  12. Wes Decedent Ever in U,S Armed Forces?  1 □ Never Merried  2 □ Merried  17 ∀es, Give  Yeer or Detes WWII	lf.	Ves Decedent of H Yes, specify Cube	tispenic Origin? (Spe en, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	Blec	- America k, White, e White	etc.
Maryland 21215-0020	within ane. than	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  12  College (1-4or 5+)	16a. Decede (Give k lifa. De Merch		oetion during most of worki d)	ing	16b. Kind of Bu		ustry
pu	be filed tal Hygid d other	Be C	17. Fether's Neme (First, Middle, Last)			18. Mother's Neme		Maiden Sumem	e)	
ryla	should be nd Menta marked	To	Morris Shulack	401 14 11		Mary F:			2 01 20	
	and 2 si saith an n 27 le n er traur		19e. Informent's Name/Reletionship (Type, Print)  Mrs. Beatrice Shulack (wife)	347 :	rimber G	end Number or Aura	Baltino	ILLS MD 2	Stete, Zip 21117	Code)
Baltimore,	permit. Peges 1 and 2 should b Department of Health and Menti Important: if Item 27 le marked any Injury or other traumatic e once.		20e. Method of Disposition 20b. Pie		sition (Name of etory or other plea	h Israel		20c. Location -		
Balti	permit. Departm Importa any Inju		21. Signature of Funeral Service Licenses	22.	Neme end Addre	ss of Fecility NSON & BRO	OS., INC		r. MD	21215
	Physician		23a. Part1. Entar tha disease, or complications that caused the deeth. shock, or heert felture. List only the cause on each line.						, ,	Approximete Interval Between Onset end Deeth
1	/Medical Examiner		Immediate Cause (Final disease or condition	DIAL	INE	ARCTION	J			1 WEEK
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,0	icate be executed physician and s the burlel-transit	Examine	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	es e consequ	uence of):			11.2		
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Division	Nospital or Attandi 24 hours after death   Funeral Director: / etely filled in by the f	edical Certification:	3 ☐ Sulcide 4 ☐ Homicide 6 ☐ Could not be datermined 28e. Piece of Injury - At hom building, etc. (Specify)	ne, ferm, stre	at, fectory, office		281. Location (S City or Tow	treet end Number, n, Stete)	er or Aurai	Routa Number,
_	To the Hospital or Att	edical	29e. Certifier (Check only 2 Medicat Examinar: On the basis of examination and menner stated.	ledge, deeth on and/or inve	occurred et the tirestigetion, in my o	ne, dete and piece, opinion, deeth occurr	end due to the c ed et the time, d	euse(s) end ma lete end piece, e	nnar as st and due to	eted. tha cause(s)
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ند			30. Name and address of person who completed causa of deeth (item 2	00-) (7:		44505		MARCE	27	,1996
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State of Maryland / Department of Health and Mental Hygiene 9 6 9 4 9 5

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Maryland H show			10a. Stata 10b. County Maryland Baltimore		Oc. City, To	own or Locati	on Catonsvi	lle			10	0d. Inside City Lin	
h the		Director	10e. Street end Number				10f. Zip Coda			10g. Citizen of V	Vhat Coun	try?	
th with			531 Forest Lane				21	228		U.S	S.A.		
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Dallimo permit. Pege Department of Important: If i any injury or		-	21. Signature of Fun and Baggice License		A	22. N	eme end Addra	ss of Facility				and	
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be ay			Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants	+	typer	-chol	2Sterol	euria				1040	2
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2 4 7 7 9		Certification:	3 Suicide 6 Could not be datarmined	28a. Place of Injury building, atc. (5	- At homa, Specify)	tarm, street,	tactory, office		28f. Location ( City or To	Street and Numb vn, Steta)	er or Rura	i Routa Number,	
To the Hospital or within 2 hours after To the Fullment off completely filled in		edical	(Check only 2 Medical Examin	ician: To the best of m	emination	ige, deeth oc	curred at tha ti	ma, data and place	, and due to tha	causa(s) and ma	nnar as st	ated.	
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o viit	-		29b. Signature and title codifier	Cir			29c. Licans			29d. Date signed	(Month, i	Jay, Year)	
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P			30. Name and South of person wife of	L. Daugl	Man	٨	600	18010 Nwalt	re Bal	Hiware	W	9	
	State	e r	31. Data filed (Month, Day, Year)	32. Registrar's	Signeture								



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State of Maryland / Department of Health and Mental Hygiene 96 09496 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** APRIL PRAGESER ANNA MARIE 6 IDAM 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GENBIS ELDERCARE NETWORK - PERRING PARKWAY PARKVILLE BALTIMORE If Undar 24 Hrs. 8. Data of Birth Hours Min. (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days 1□M 25 F Yrs 218-46-1684 Director 1904 MARYLAND Usual Rasidanca of Decedant 10a. Slala 10b. County 10c. City, Town or Location 10d. fnside City Limits tiem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic avant, the Medical Examiner must be notified at 1 ☐ Yas 2 No Director MD BALTIMORE PARKVILLE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21234 IDER MILL RD 2403 ( U.S. A Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Slatus 1 Nevar Married 2 Married 1 ☐ Yas 2 No If Yes, Give Baltimore, Maryland 21215-0020 Specify: WHITE 1 ☐ Yas 2 PNo þ 3 Widowed 4 □ Divorced Yaar or Datas: Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry oe filed within 7 al Hyglene. Elementary/Secondary (0-12) Collega (1-4or 5+) HOUSEWIFE TYRS HOME pemit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: If Item 27 is marked other any injury or other trauments 17. Falhar's Nama (First, Middia, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be M. RUZICKA RUZICKA ANNA CHARLES 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) RD. PARKVILLE 2403 MILL JOSEPH CIDER 21234 IRAGESER 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Dala 1 Burial 2 Cramation 3 Ramovai from State 4 ☐ Donation 5 ☐ Other (Specify) MORELAND MEMORIAL 21. Signature of Funeral Se 22. Nama and Address of Facility
EVANS CHAPEL MEMORIES OF 8800 RD HARFORD 23a. Part1. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death **Physician** a cute Immediata Causa (Final disaasa or condition rasulting in death) /Medical Examiner burial-transit Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Diseasa or injury that initiated evants rasulting in death) Last and physician as the burial-Box 68760. Physician/Medical Part Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Dfd tobacco use contribute to the cause of death? Bivision of Vital Records, P.O. signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy parformed? Completed peed has page 2 2 No 1 🗆 Yas 1 ☐ Yas 2 ☐ No certificate or Attaifding Physician: 25. Was casa referred to medical Be 26. Placa of Death (Check only ona) Othar: 1 ☐ Yas 2 No 1 inpatient 2 ER/Outpatient 3 DOA **∮** Nursing Homa 5 Rasidence 6 Othar (Specify) this Medical Certification: 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. injury al Work? 28d. Describe how injury occurred After 5 Panding invastigation 1 Ratural 1 Yas 2 No 2 Accidant 3 Suicida 6 Could not be datarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner es stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a, Cartifier 29b. Signatura and title of conflict 29c. Licansa number 0 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print).

DV. Carlos Annag - 300n E. Northern Pkwy Bulto. Md - 21214

State Registrar APR 0 3 1996

#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / De

3. Tima of Deeth

12:38PM

10d. Inside City Limits

Black.

Approximeta intarval Between Onset and Deeth

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13 Yas 2 □ No

epartment of Health and Me	ental Hygiene 96	-
Certificate of Death		

Reg. No 1. Decedant's Neme (First, Middla, Last) 2. Dete of Deeth **Physician** Month Year ANNA TIMMONS MARCH 1996 /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 4305 CONNECTICUT AVENUE #103 BALTIMORE If Undar 1 Year | if Under 24 Hrs. | Months | Deys | Hours | Min. | 8. Data of Birth (Month, Pay, Year) Aug. 12, 1952 Birthpiaca (State or Foreign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 1□M 2**X**F 212-58-0321 Yrs. 43 Director Balto., Usuai Rasidance of Decedant the Maryland 10a. State 10b. County 10c. City, Town or Location show 7 is marked other than "natural", or items 23a or 28a-f sho traumatic event, the Madical Examiner must be notified at N/A MD Baltimore Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 4305 Connecticut Avenue, #103 212229 USA Funeral 12. Was Decedant Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, etc. 72 hours after 1 ☐ Yes 2€ No If Yas, Giva Yeer or Dates: 1 ☐ Never Merried 2X Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ◯ No Specify: ð Specify: 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry filed withIn 7 Hygiene. Elemantary/Secondary (0-12) 12th Coilega (1-4or 5+) Steel Corp. Ship Builder permit. Pages 1 and 2 should be flik Department of Health and Mental Hy Important: If itam 27 is marked oth any Injury or other traumatic event 17. Fathar's Name (First, Middla, Last) 18. Mother's Nema (First, Middle, Malden Surname) Be Lee Andrew Morgan Creola Conyers 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rurai Routa Number, City or Town, Stata, Zip Code) 4305 Connecticut Ave, #103, Balto., MD 21229 Johnnie Timmons 20a. Mathod of Disposition 20b. Piace of Disposition (Nama of cemetery, crematory or othar place) 20c. Location - City or Town, State 1 Buriai 2 Cramation 3 Ramovai from Stata King Memorial Park 3/30 Randallstown, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensu 22. Name end Address of Fecility LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE, BALTO.21207 11 Inter the disease or complications that cause in the death. Do not enter the mode of dying, such as cardiac or respiratory errest, in heart feilure. List only one cause on each in the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the complex of the **Physician** /Medical immediata Cause (Finel disaasa or condition rasulting in death) Examiner Dua to (or as a consequence of) Examiner physician and s the burial-transit Sequantially list conditions, if eny, leeding to immadiata cause. Enter Underlying Cause (Diseesa or injury that initiated events rasulting in death) Last Dua to (or as a consequence of) P.O. Box 68760. Physician/Medical Dua to (or as e consequence of): attending signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by should I 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed page 2 10 Yas 2 No Division of Vital certifica anding Physician: Be 25. Was casa rafarred to medical 26. Piaca of Daath (Check only ona) examiner? Othar: 4 Nursing Homa XXRasidance 6 Other (Specify) To 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Deta of injury (Month, Dey Year) 28d. Dascribe how Injury occurred 27. Mannar of Death 28b. Time of 28c. injury at Work? Medical Certification: After 1 Naturai 5 Panding stat sel Subject 1 Yas 2 No Ford 3/27/76 2 Accident invastigation 123014 6 Could not be detarmined Suicide Location (Streat and Number or Rural Routa Number, City or Town, Steta) 423 28a. Place of injury - At homa, farm, street, fectory, office building, atc. (Specify) 4 Homlcida 4305 Connectic 百百百百 Battimore Max To lowe Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to the cause(s) end manner es stated.

Medical Examinar: On the best of my knowledga, daath occurred at the time, data and place, and dua to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature end title of certifian 29c. License number 29d. Data signed (Month, Day, Year) MARCH 28, 1996 Reddone O.C.M.E.

State Registrar I HEROUNE MIK

31. Data filed (Month, Dev. Year) APR 0 3 1996

30. Nama and addrass of parson who completed causa of death (itam 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

DHMH 16 Rav 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dolores Marie Wooden March 30 1996 7:25PM 4b. City, Town, or Location of Deeth 4a. Fecility Neme (If not institution, give street end number) 4c. County of De 634 North Milton Ave. Baltimore If Undar 24 Hrs. Hours Min. 7. Age (In yrs. last birthdey)
Yrs. If Undar 1 Year 5. Social Sacurity Number 1 M 2 KF Deys Hours 213-26-7989 Usual Residence of Decedent Months 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Yes 2□No nore 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 634 21 Was Decedent Evar In U,S. Armed Forcas?

1 Yes 2 No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American I Bleck, White, etc. 11. Marital Status 1 Nevar Merried 2 Merried 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 0 16a. Decedant's Usual Occupation (Give kind of work done during most of working life\_DO NOT use,ratired) 15. Decedant's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementary/Secondery (0-12) Coilette (1-4or 5+) de 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middla, Maidan Sumama) Henr 19e. Informant's Name/Raietionship (17/10) 19b. Melling Address (Street and Number or Ryral Route Number, City or Town, Stata, Zip Code) 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20c. Location - City or Town, Steta pata/ 20a, Mathod of Disposition 1 Burial 2 Cremetion 3 F 4 Donetion 5 Other (Specify) 3 ☐Removei from Stata 22. Nama and Address of Facility mer the diames, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, the failure. List only one cause on each line. Bal 216 Approximete Intervei Between Onset end Deeth tmmediete Ceuse (Finei disease or condition resulting in death) Due to (or es e consequence of): Due to (or as e consequence of) Pert it. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No 24e. Was an eutopsy performed?

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

8

items 23a

permit. Pages 1 and 2 should be filed within 72 hours after or Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or iter any injury or other traumatic event, the Medical Expannies

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

Be

traumstic event, the Medical Examiner must be notified at

death with the Maryland

Examiner and and Physiclan/Medical <u>ک</u> Completed

Be

2

Medicai Certification:

The law requires that the death certificate be execuattending physician a for use as the burialg signed by of the Pas oertificate After this To the Hospital or A within 24 hours after To the Funeral Direc completely filled in by

Attending Division

Records, P.O. Box 68760,

Sequentially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in daeth) Lest

24b. Were autopsy findings evailable prior to completion of cause of death?

1 Yes 2 No 28. Place of Death (Check only one)

1 ☐ Yes 2 No

25. Wes casa refarre exeminer?	
27. Menner of Death	
1 Neturet  Accident	5 Pending

3 Suicide

4 Homicide

☐ Pending investigation 6 Could not be determined

Dete of Injury (Month, Dey Year) 28e. Plece of Injury - At home, ferm, streat, factory, office building, etc. (Specify)

1 Inpatient

2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury et Work? 1 Yes

28d. Describe how Injury occurred 28f. Location (Street and Number or Rural Routa Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, and due to the causa(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete and plece, and due to the cause(s) end menner stated. 29a Cartifier

29b. Signeture and title of certifian

29c. License number

29d. Dete signed (Month, Day, Year)

complated cause of death (Item 23e) (Type, Print) Boston ST

BAITINONE MD ZIZZY

State Registrar 22. Registrants Signature -

4 建 2 1

Physicia /Medic Examin

**Funeral Director** 

permit. Peges 1 end 2 should be filed within 72 hours efter deeth with the Maryland Department of Health end Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-4 show any Injury or other traumatic event, in Medical Examinal must be notified at once.

**Physician** /Medical Examiner

physician and s the burial-transit

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burist-transit

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

#### Item1 4-3-96 FilmG734 W.H.Per F/H

### Please Type or Print in Black Indelibie ink. Assure All Copies Are Legible

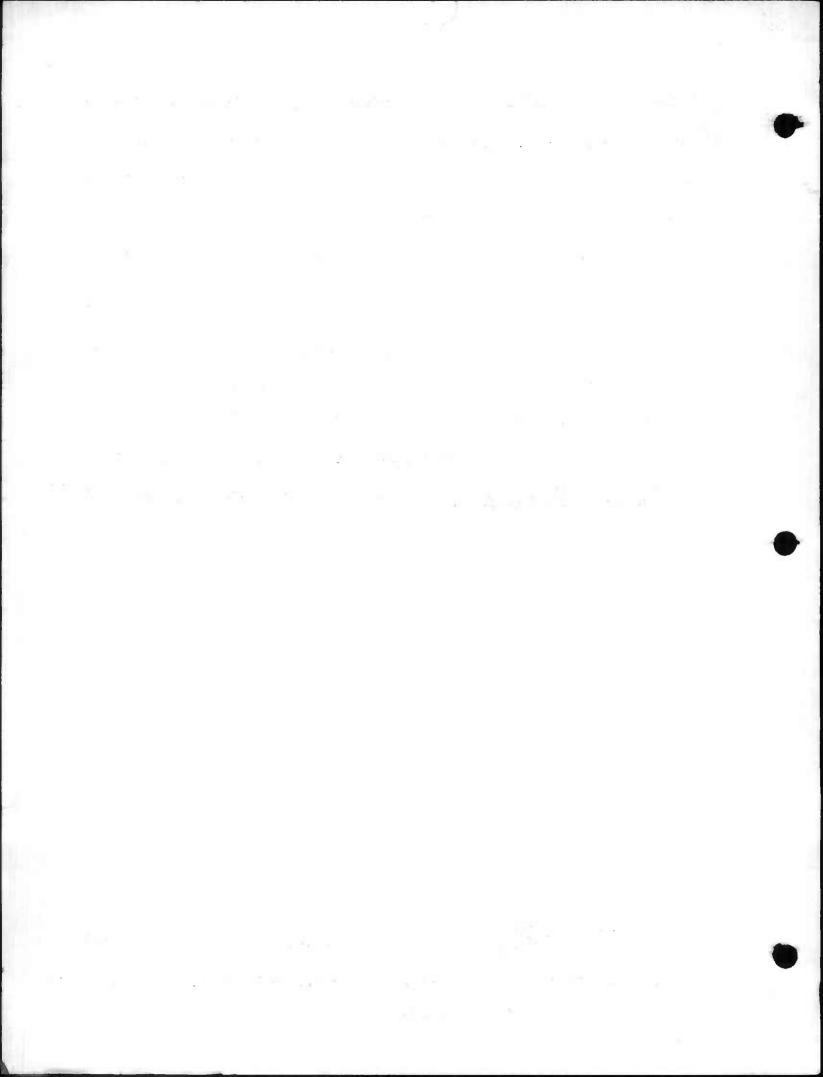
10	State of Marylan		nent of licate of			giene 9 (	5 0	1949	9
1. Decedant's Nama (First, Middle, Last) BEN BEN		WC	ODS	JR.	2. Data of Dea		996	3. Tima of 7:37	
4a. Facility Nama (If not Institution, give s	street and number)			4b. City, Town, or	Location of Death	4c. County	of Death		
201 N. BROADWAY	ST. APT. 9	N	l	BALTIM	IORE	N,	/A		
5. Social Sacurity Number 215-28-1.208 6. Sax	7. Aga (In yrs. )		Undar 1 Yaar onths Days	If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day APRIL	Year) 9 19	Cou	olaca (State ontry) MD	r Foreign
Usual Rasidance of Decedant  10a. Stata 10b. County N /		y, Town or Locatio	n					10d. İnsida Ci 1 ∐ Yas	
10e. Street and Number 201 N. BROADWA	ΛY	10	Of. Zip Coda	21231		10g. Citizan of V		ntry?	
11. Marital Status  1 Navar Married 2 Marriad  3 Widowad 4 Divorced	12. Was Decedant Evar in U, Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:		Decedant of his, specify Cub	lispanic Origin? (S an, Maxican, Puart Specify:	pacify Yas or No- o Rican, atc.)	14. Rad Blad Specify	ck, Whita,	can Indian, atc.	
15. Decedant's Educ (Specify only highest grade	cation	16a. Dacedant's	Usual Occup	pation	ti in a	18b. Kind of B	usinass/In	dustry	
Elamantary/Secondary (0-12)	Collega (1-4or 5+) N / A	iife. DO N	IOT use retire	during most of word) URIER	rking	STATE	OF	MD	
17. Fathar's Nama (First, Middla, Last)				18. Mothar's Nar	na (First, Middle,	Maiden Suman	ne)		
BEN B WOODS SE	₹			LETTI	E GRAVI	ELY			
19a. Informant's Name/Relationship (Type MICHAEL WOODS-S				and Number or Ru R RD BA				Code)	
20a. Mathod of Disposition  10 Deurial 2 Cramation 3 Re 4 Donation 5 Other (Specify)	amoval from State	lace of Disposition emetery, cremator ODLAWN	y or othar pla		Data /496	20c. Location -		own, Stata	
21. Signatura of Funaral Sarvice License	asch		ma and Addra	ass of Facility /H West	4300 Wa	abash A	venue		1215 , Md
Sequantially list conditions, if any, laeding to immadiata causa. Enter Undarlying Causa (Diseasa or injury that initiated avants rasulting in deeth) Lest	Dua to (or	as a consequence	ee of):	.UJEBVO.	d DIS	ease			
d.									
Part ii. Other significant conditions cont DIABETES	tributing to death but not rasu	ilting in the underl	ying causa gh	van in Part i.		obacco use co res 2 🗆 No		o the cause of bably 4 🗆	
					24a. Was a perfor	an autopsy med?	av	ara autopsy f rallabla prior t emplation of c daath?	0
					1 🗆 Y	as 2 No	1(	□Yas 2□	No
25. Was casa rafarred to medical examinar?					ath (Check only or	ne)			
1 X Yas 2 No No No No No No No No No No No No No	ospital: 1 inpatient 2 inpatient 2 inpatient 2 inpatient 2 input 28a. Date of injury (Month, Dey Year)	28b. Tima of injury	28c. inju Wo	ry at	loma 5 A Rasid 28d. Dascribe h			(y)	
2 Accidant invastigation 3 Sulcida 6 Could not be 4 Homicida datarmined	28a. Place of Injury - At ho building, atc. (Specify	me, farm, straat, f.		Yas 2□No	28f. Location (S City or Tow	itreet and Numb n, State)	per or Run	al Route Num	ber,
29e. Certifiar 1 ☐ Certifying Physic (Check only one) 2 ☑ Medical Examina	ician: To the best of my knower: On the bests of axaminat and mannar stated.	vledga, daath occi ion and/or invastig	urrad at the tigation, in my d	me, dete end place opinion, daath occu	, and dua to tha c irred at tha tima, c	ausa(s) and ma lata and place,	anner as s and dua te	stated. o tha cause(s	)
29b. Signatura and title of sentifiar	All		29c. Licans	C.M.E.		29d. Data signe AORIL			
30. Nama and addrass of person who com DAVID FOWLER M.				et, Bal	timore	, Mary	land	2120	)1

State

Registrar

31. Data filed (Month, Dey, Year) APR 03 1996

82. Registrar's Signature



Item1 4-3-96 FilmG734 W.H.Per f/H
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.
State of Maryland / Department of Health and Mental Hygiene 96 09500

Usuel Residence of Decedent  10a. State  Maryland  10b. County  N/A  10e. Street end Number  234 Stonecroft F  11. Merital Status  1 Never Married 2 Merried  3 Widowed 4 Divorced  15. Decedent's (Specify only highast g  Eiementery/Secondary (0-12)  12	ive street and number)  Dital  Sex 7. Age 6  1 M 2 F 6  Ad Apt A  12. Wes Decedent Every Armed Forces? 1   Yes 3 No Hyes, Givery Yeer or Datas:	In yrs. lest bird.	Yrs. Months n or Location noice	4I	Baltimo: If Undar 24 Hrs. Hours Min.	2. Deta of De Month Corul ocation of Death	Dey  4c. County  h  y, Year)	Year (9,46) of Death V/A 9. Birthplace Country) North	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH
St. Agnes Hosp  5. Social Security Number 267-32-0381  Usuel Residence of Decedent 10a. State 10b. County Maryland N/A  10e. Street end Number 234 Stonecroft F  11. Merital Status 1 Never Married 2 Merried 3 Widowed 4 Divorced (Specify only highast g Elementery/Secondary (0-12) 12	Poital  Sex 7. Age 6  1 M 2 F 6  2d Apt A  12. Wes Decedent Every Armed Forces? 1 Yes, Givery Year or Datas:	oc. City, Town Baltin	Yrs. Months n or Location noice	Deys Deys	Baltimo	8. Deta of Bird	h y, Year)	9. Birthplace Country) North	Carolina
5. Social Security Number 267-32-0381  Usuel Residence of Decedent  10a. State 10b. County N/A  10e. Street end Number 234 Stonecroft F  11. Merital Status 1 Never Married 2 Merried 3 Widowed 4 Divorced  15. Decedent's (Specify only highast g Elementery/Secondary (0-12) 12	Sex 7. Age (61)  Rd Apt A  12. Wes Decedent Every Armed Forces? 1  Yes 3/2 No H Yes, Glve Yeer or Datas:	oc. City, Town Baltin	Yrs. Months n or Location noice	Deys	If Undar 24 Hrs.	8. Deta of Birt (Month, Da	h y, Year)	9. Birthplace Country) North	Carolina
10a. State Maryland 10b. County N/A  10e. Street end Number 234 Stonecroft F  11. Merital Status 1 Never Married 2 Merried 3 Widowed 4 Divorced  15. Decedent's I (Specify only highast g Eiementery/Secondary (0-12) 12	12. Wes Decedent Every Armed Forces?  1	Baltin	nore						fnside City Limits
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(Specify only highast g Eiementery/Secondary (0-12) 12	Education rade completed)		1□ Yes		spenic Orlgin? (Sr n, Mexican, Puarto Specify:	pecify Yes or No Rican, etc.)		ce - Amarican ck, White, atc. v: White	
47 5 4 4 34 45 45 4 44 4 4	College (1-4or 5+)		Decedent's Usu (Giva kind of w life. DO NOT (	ork done di ise retired)	uring most of worl	king	16b. Kind of B	usiness/Indus	try
17. Fathar's Name (First, Middle, Las	st)			4	18. Mother's Nam	e (First, Middle,		ne)	
Charlie Holton					Sadie L				
								Stete, Zip Co	de)
20e. Method of Disposition 1 □ Buriai 2 【XCremetion 3	Removel from State	20b. Plece of cemetar	Disposition (Na y, cremetory or	me of othar place	9)	Dete 4/4/96	20c. Location -		
21. Signature of Funeral Service Lice	Dalson AF	SP			, D		Weber F	uneral	Home
Immediate Cause (Final disasse or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Causa (Disease or Injury that Initiated events	Du b. ———————————————————————————————————	e to (or es e o	consequence of)	:					mmbles
resulting in deeth) Last	d	e to (or es e c	onsequence or)					1	- 42
Pert II. Other significant conditions	contributing to death but r	not rasulting in	the underlying	cause give	n In Pert f.			ntribute to the	
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exeminer?	Hospital: Manatiant	2 C EB/O	instinct 2 D	Otha				(0%)	
27. Menner of Deeth  1 Netural 5 Pending 2 Accident Invastigation	28e. Dete of Injury (Month, Day Y	28b. T		28c. fnjury Work	et ?				1
4 Homicide determined	A 200. Plece of injury	- At home, fai Specify)	m, street, fector	y, office		28f. Location (5 City or Tow	Street and Numb vn, Stata)	per or Rural Ro	oute Number,
	miner: On the basis of ex	aminetion end	deeth occurred Vor Investigetion	et the time i, in my op	e, dete end plece, inlon, deeth occur	and due to the cred et the time,	cause(s) end me dete end pieca,	enner es stete and due to the	d. e cause(s)
29b. Signature end title of cartifier	Parmet			D345	51		9-1	-96	
30. Name and address of person who	completed cause of deet	h (Item 23a) (	Typo, Print)	KO S	but loo	Polo	. 11	0210	
1 2	James Wyper Jr.  20e. Method of Disposition  1	20e. Method of Disposition  1	20e. Method of Disposition  1	James Wyper Jr.   Son   4409 Norfec	James Wyper Jr.   Son   4409 Norfen Rd	James Wyper Jr. Son  4409 Norfen Rd. Baltim  20e. Method of Disposition 1 Burlai 2 QCremelion 3 Removel from Stete 4 Donation 5 Cothar (Specify)  21. Signature of Juneral Service Licenses  22. Name end Address of Fecility 23. Part 1. Enter the disease, or complications that caused the death. Do not enter tha moda of dying, such as cardiac shock, or heart failure. List only one ceuse on each line.  Immediate Ceuse (Finel disease or condition resulting in death)  Due to (cross a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a	James Wyper Jr. Son 4409 Norfen Rd. Baltimore, Md. 20e. Method of Disposition 1 Burlai 2 (Cremetion 3   Removel from Stele 4   Donation 5   Other (Specify)    21. Burlai 2 (Cremetion 5   Other (Specify)    22. Neme and Address of Fecility David J. 5311 Edmondson Ave. Baltimore, Md. 3   Removel from Stele 4   Donation 5   Other (Specify)    23. Parti. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory at shock, or heart feiture. Ust only one cause on asch line.  23. Parti. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory at shock, or heart feiture. Ust only one cause on asch line.  24. Parti. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory at shock, or heart feiture. Ust only one cause on asch line.  25. Equantially list conditions, if any, leading in death)  26. Due to (or as a consequence of):  27. Due to (or as a consequence of):  28. Due to (or as a consequence of):  29. Was case referred to medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential or medical essential essential or medical essential or medical essential essential essential essential essential essential essential essential essential essential essential essential essential essential essent	James Wyper Jr. Son 4409 Norfen Rd. Baltimore, Md 21227  20e. Method of Disposition 1 Burial 2 (Xfcremetion 3   Removel from State 4   Donation 5   Other (Specify)  21 Signature of Funeral Service Licenses  22. Name and Address of Fealtry David J. Weber F 5311 Edmondson Ave. Baltimore, Md 21227  23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, which, of heart feither. List only one cause on each line.  23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, which is a such line.  25a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, which is a such line.  25a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, which is a such line.  25a. Part. 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Baltimore, Md 21227  20s. Nethod of Disposition   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date

